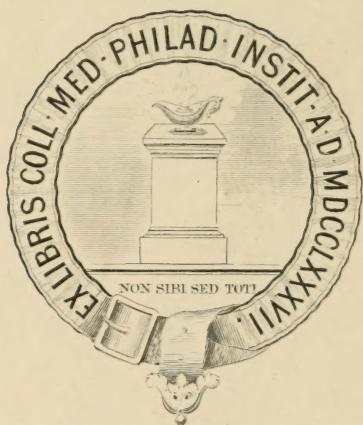



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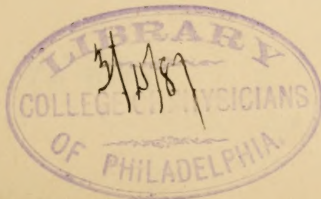
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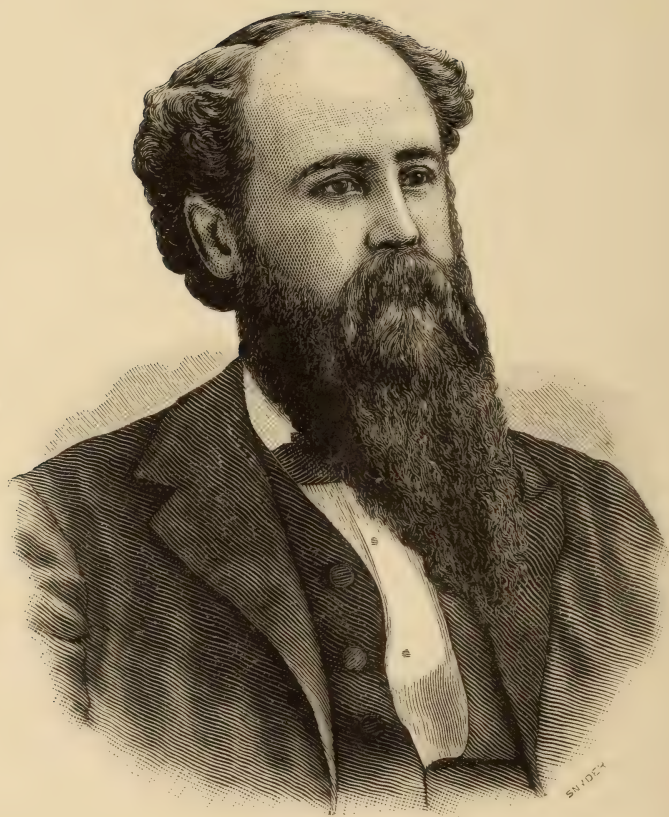
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T H E

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In Memoriam.

PROFESSOR E. A. FARRINGTON, M.D.

BY AUG. KORNDORFER, M.D., PHILADELPHIA, PA.

THE subject of this sketch, Dr. Ernest A. Farrington, was born January 1st, 1847, at Williamsburg, Long Island, N. Y., and died at Philadelphia, December 17th, 1885. During his early years his family removed to Philadelphia, at which place he received his education, and rapidly rose to eminence in his profession.

Having already, during his early childhood, given evidence of exceptional intellectual ability, he passed through his school life with the highest commendation of his teachers.

After his entrance to the High School, he seemed to develop an intellectual capacity rarely witnessed in one so young. He grasped and utilized facts with such vigor that his teachers looked upon him as quite a phenomenal boy. Often have I heard his teachers, professors of the High School, remark upon his aptness, clearness of thought, and remarkable proficiency in the various studies embraced in the curriculum of the school.

It may here be worthy of passing note, that during his entire school and student life, he endeared himself to his teachers, not less by his genial manners, than by his remarkable intellectual qualities.

Having completed the prescribed course at the High School, he made a most brilliant examination and was graduated, not only at the head of his class, but with the highest average to that time attained by any graduate of the institution.

During the following summer he visited his birthplace, spending the summer there and in New York city. Early in the fall he returned to Philadelphia, there to resume his favorite occupation, study.

Under the preceptorship of his brother, H. W. Farrington, M.D., he, in the fall of 1866, matriculated in the Homœopathic Medical College of Pennsylvania.

Here, again, the characteristics of his early life became the remark of his fellow students, and it was not long before he was looked upon as one of the brightest students of his class. His quickness of perception, his ready memory, his devotion to study, and conscientious estimate of the responsibilities of his calling, marked him as one of the most promising students of our school. Coupled with all this, was an unusually strong religious bent of mind. His religious views were, however, of that happy type which but illuminate life's ways, never casting shadows of doubt or gloom. His highest aim was to do right because it was right; that he accomplished this, all who knew him will attest.

When the Hahnemann Medical College of Philadelphia was chartered, in 1867, it became a question of serious import to him as to whether he should continue in the College with which he was connected or join the new institution. After lengthened consideration, he decided to sever his relationship with the old College. He became the second matriculate of the Hahnemann Medical College of Philadelphia. Here, again, he won unstinted praise, and graduated March, 1868, having enforced the full conviction upon the minds of all, both Faculty and class, that he had no superior in the class of "'68." To the honor of all, let it be said that envy never tainted the commendation of one; every graduate delighted to accord to him his full meed of praise.

He entered practice immediately after his graduation, establishing himself at the residence of his father, 1616 Mount Vernon Street. His arduous labors in the pursuit of knowledge, during the years of college-life, followed by even greater efforts during his early practice, made perceptible inroads upon his otherwise strong constitution; this led him, during the summer of 1869, to take a short European trip, from which he returned much improved in health. He reëntered practice with renewed vigor, and speedily succeeded in securing a large and appreciative clientele.

On the 13th of September, 1871, he consummated in marriage an engagement which had for some time existed with Miss Elizabeth Atkin, of Philadelphia, an event which brought more than usual joy, as in his wife he found a most congenial and helpful spirit, both as to his professional and religious life.

Four children, three boys and one girl, have blessed this union.

Dr. Farrington was essentially a teacher among men. Already we find him, in the spring of 1869, filling a lecturer's appointment as teacher of Forensic Medicine in the spring course of the Hahnemann Medical College. These lectures proved to be so satisfactory that the Faculty, on the resignation of the Professor of Forensic Medicine, after the session of 1869-70, elected him to fill the vacancy. Within two years the chair of Pathology and Diagnosis becoming vacant, he was appointed to fill the same, and in 1874, upon the resignation of Dr. Guernsey, then Professor of *Materia Medica*, he was called to fill that most important chair.

His ambition was now about to realize the attainment of its highest aim. This had really been his true field of labor—here his deepest studies were made; here was, indeed, his life-work.

Possessed of superior analytical powers, he never felt satisfied to accept a view or theory save it were demonstrably true; he therefore made deep and thorough research and study upon every question involved in the subject of homœopathy; the law, dosage, and potency questions, all were subjects of much interest, but above all, his delight lay in the study of the *Materia Medica*.

His early association with Hering quickened this his natural desire, and he was soon recognized by that master spirit of our school as one well fitted to a place in the highest rank among the expounders of that most intricate science, *Materia Medica*. Hering delighted to say, "When I am gone, Farrington must finish my *Materia Medica*."

His labors in this direction were not restricted to simply reviewing old provings, but were rounded out unto fulness by personally supervising provings of both old and new drugs. While he certainly possessed a wonderful memory for symptoms, the most prominent feature of his teaching may nevertheless be said to have been his ability to thoroughly analyze the specific drug action, showing not only the superficial but also the deeper relationship of symptoms.

Family and class relationships of drugs he studied with deepest interest. In fact, his "*Studies in Materia Medica*," a few of which have been published in the *HAHNEMANNIAN MONTHLY*, belong to the classics of our school.

On his election to the chair of *Materia Medica*, he devoted much of his time to the development of a method which, while

full and comprehensive, would at the same time present a simplicity which would enable every student to intelligently study this most difficult subject.

He infused such new life into this usually prosy subject, that it soon became the favorite hour with many, and to all an hour of interest and profit. To the earnest student it became rather a recreation than a task. His analytical mind carried the student through labyrinths of symptoms and mazes of modalities, with such clear and concise directions as to the way, that the thoughtful student might ever after feel able to traverse the same alone.

His writings all bear the impress of a master mind. Already in 1871, scarcely three years subsequent to his graduation, we find him dealing with the philosophical elucidation of drug prescribing, in language indicating depth of knowledge rarely found even among our oldest practitioners. In illustration, permit a short quotation from his report of a case published in the HAHNEMANNIAN MONTHLY, April, 1871:

"It is a singular fact that all of the tribe of *Senecionideæ*, Ord. *Compositæ*, which we have proved (*Cina*, *Artem. vulg.*, *Cham.*, *Tanacet.*, *Arnic.*, *Senecio grac.*) have relief from some form of motion.

"The *Artemisia vulgaris* resembles the *Cina* in nervous troubles, but, as it is in conjunctive relationship, it cannot be used immediately before or after *Cina*. As a disjunctive relative; and hence one that follows well, *Silicea* corresponds to the somnambulistic state, and *Silicea*, *Nux vom.* and *Caut.*, to the irritation of the solar plexus, giving rise to spasm.

"The *Absinthium* (wormwood), another member of the *Artemisiæ*, when drunk in brandy (a famous drink used to stimulate the brain by actors, etc.), I have seen produce the *Delirium Embriosorum*, which was only relieved by *pacing the floor*, showing again the general relief from motion."

Thus we find him, as a beginner in years, treating the *Materia Medica* as by the hand of a master. The literature of our school has been greatly enriched by his pen; for, though he did not strive to gratify ambition in giving to the profession massive volumes, he performed that which he felt duty to demand, *i. e.*, gave of his time in work not only upon his lectures, but also to societies, and in our journal literature.

The *American Journal of Homœopathic Materia Medica*, the HAHNEMANNIAN MONTHLY, the *North American Journal of Homœopathy*, and other journals, have each received valuable articles from his pen. His studies in *Materia Medica*

alone, published in the *HAHNEMANNIAN MONTHLY*, aggregate about two hundred pages, and his comparisons, published as an appendix to the *American Journal of Homœopathic Materia Medica* from 1873 to 1875, embrace over 150 pages more. His other articles were numerous and instructive.

Dr. Farrington was a homœopathist by conviction. With him it was not a light thing to be a physician, and he could only practice that which he could see to be true. Expediencies, for the sake of gaining the *éclat* of those who, through want of knowledge, grant unstinting praise to pleasant error, had no attraction for him. He preferred to sacrifice practice and to sustain his own sense of doing right, rather than gain financial success by pandering to the ignorance of wealth, where it demanded departure from the law of cure in an experimental treatment of disease.

The influence which such a mind must exert upon a profession cannot be overestimated. Essentially scientific in its bent, progressive in its character, earnest in its labors, logical in its reasonings, and philosophical in its judgments, the results reached, even most persistent opponents were compelled to receive with respect. While thus a true and most consistent homœopath, he necessarily became identified with every movement which might tend toward the advancement of learning. Especially did he desire to see medical education brought to a far higher level than has ever been attained in this country.

Dr. Farrington was also an active participant in our County Society work. On the floor during debate, he was listened to with that attention which ability only can command. In the Chair, which for three successive years he occupied, he presided with dignity and justice.

He was also a member of the State Society and of the American Institute of Homœopathy, which latter he joined in 1872. For many years he was a member of its "Committee on Drug Provings," during which time he was also identified with its Bureau of *Materia Medica*. At the time of his decease he was chairman of that Bureau. In 1884 the Institute appointed him a member of its Editorial Consulting Committee on the new "Cyclopædia of Drug Pathogenesis," etc.

In December, 1879, when the *HAHNEMANNIAN MONTHLY* was purchased by the Hahnemann Club of Philadelphia, he was selected by his colleagues of the Club as the sole editor of the journal, but on account of impairment of health and

multiplicity of duties he felt impelled to decline the charge; though later, at the earnest solicitation of the Club, supplemented by that of the General Editor, he accepted the position of Contributing Editor, which position he filled until the time of his death; in fact, his last article, a book review, was written but a few weeks prior to his decease.

Thus we find him throughout his life striving to accomplish the work which he valued so highly. No labor seemed too great, no effort too severe, so long as it tended to promote the advance toward that standard to which he felt the profession should aspire. An earnest advocate of higher education in general, he especially longed for the time when the professional standard should be placed at its highest.

Dr. Farrington was not less esteemed for his generous friendship than for his professional ability. He was noticeably a man of strong convictions nevertheless, with such characteristic breadth of thought and liberality of mind, that he never allowed the strongest antagonism in scientific views to chill a friendship once formed.

His genial manners rendered him a most delightful companion, as all who ever had the opportunity to enjoy social intercourse with him will heartily attest.

His last illness began about the 14th of December, 1884, prior to which time he had contracted a cold to which he gave slight heed. Subsequently, owing to necessary exposure in the performance of his professional duties, laryngitis set in; he, nevertheless, delivered several lectures after the throat symptoms had assumed decided severity. During a lecture prior to the Christmas holidays, aphonia took the place of the existing hoarseness, rendering further lecturing impossible.

It became necessary for him to secure a substitute during the month of January, 1885, but feeling much improved he insisted upon resuming lectures during the month of February. He continued his duties in the College until after the Spring examination. During this time the disease invaded the bronchia, developing into a severe bronchitis; this, however, yielded partially during the latter part of March and April. At this time the most careful physical examination did not reveal the slightest sign of lung involvement. He now felt convinced that a trip to Europe would materially advance his recovery. He therefore sailed for Europe, accompanied by his wife, on the 9th day of May. On the 31st of May he wrote from Paris: "I am about the same, as yet, but live in hope." Under the advice of Dr. Herrmann, of Paris, he

concluded to "go to Baden-Weiler, a beautiful little town in the Black Forest, noted for its mild climate, mountainous scenery, and restful surroundings." Here again disappointment came to him in that a wet season set in, which continued until his departure, although he remained for several weeks, hoping for a favorable change. A stay of several weeks at Brighton, England, highly recommended by several English physicians, afforded no relief. Much discouraged he finally sailed for home. Disappointment and injury alone had resulted from his journey.

He now began to feel that his race was nearly run ; that the great work in which he had engaged must be laid aside, and hopes long entertained must be abandoned. The first realization brought a feeling of bitter disappointment, which, however, speedily gave place to a calm conviction that the Lord's way was best. His mind seemed at perfect ease, and though he made fruitless efforts to obtain relief, he maintained an unwavering confidence in the law of cure. Some of his lay friends, seeing that homœopathy must fail, strongly urged him to seek the advice of a prominent allopathist ; this he positively refused, afterwards remarking to the writer "If I must die, I want to die a Christian." His faith in the law was unbounded ; he believed it divine in origin, and therefore wholly true.

In religious faith he was a Swedenborgian ; holding devoutly to the views of that great expounder of God's law. In his church life, as in his professional, he showed that zeal and learning which soon made him a light among his brethren. He was loved and esteemed by his church as but few laymen at his age are loved. Conscientious, zealous and learned, he seemed destined to be a leader among men. He was early called to his work on earth—that work he faithfully performed. Early the call came to his work on high—confidently he entered thereon. Seeking higher planes of usefulness here, he looked forward to his higher field of labor there, in pleasurable anticipation. A good man has been called away. May his living example inspire many to emulation.

ACTION OF VARIOUS BODIES IN RESPECT TO THE MEMORY OF
DR. FARRINGTON.

A special meeting of the Philadelphia County Homœopathic Medical Society, to take action on the death of Dr. E. A. Farrington, was held at the Hahnemann Medical College, Monday evening, December 21st, 1885. Dr. B. F. Betts presided. Dr. Clarence Bartlett was elected Secretary *pro tem*.

Extracts from letters by Dr. J. P. Dake, of Nashville, and Dr. E. M. Kellogg, of New York, and a telegram from Dr. I. T. Talbot, of Boston, were read by Dr. B. W. James.

Speaking of Dr. Farrington's relation to the profession, Dr. B. W. James said that he (Dr. Farrington) had endeared himself to the profession all over the country. He was a thorough student of the *Materia Medica*. His keen perception of the action of remedies enabled him to institute comparisons between remedies. As a physician, we all know him to be one of the noblest, a man of integrity and honesty of purpose. His friendships were deep and lasting. Dr. Farrington's death will long be felt by the profession, by his patients, and by the community.

Dr. A. Korndoerfer, whose relations to Dr. Farrington were of the most intimate character, gave a short account of his friend's last illness.

In October of 1884, Dr. Farrington contracted a heavy cold. In December, he requested Dr. Korndoerfer to attend him. At that time he was suffering considerably from laryngeal irritation. An examination with the laryngoscope showed a far advanced laryngitis of suppurative tendency. The inflammation was extending into the trachea. For a time, he improved under treatment, so that he was able to complete his course of lectures at the college, although with great inconvenience to himself. Examination week was trying to him. He became greatly prostrated. The laryngeal irritation became worse. Continued treatment improved him considerably again. During this last aggravation, a glandular enlargement in the right cervical region increased greatly in size, and finally suppurated. A sinus formed, opening above the centre of the clavicle. The purulent discharge assumed a laudable character. There was, at this time, a profuse discharge of bronchial mucus. He then went to Europe, thinking that, as a similar trip had once before been of great benefit to him, it would again do him good. While abroad, he contracted fresh colds. A localized pneumonia showed itself. By the advice of Dr. Richard Hughes,

he went to Brighton. But he continued to grow worse. He was then led to believe that he had better return home, as it was thought that the possibilities of a fatal termination overbalanced those of recovery. He reached home during the summer, when Dr. Korndoerfer was away on his vacation. Dr. Raue was summoned to attend him, and gave him every possible attention. He (Dr. Raue) earnestly endeavored to find the remedy which would act in the case, almost hopeless as he felt it to be from the beginning. Shortly after his return, Dr. Farrington went to Asbury Park, New Jersey. While there, he discovered that his liver was enormously enlarged. About ten days before his death, Dr. Macfarlan was consulted. He prescribed the Bromo-iodide of calcium, with temporary benefit only. Dr. Korndoerfer looked upon the case as one of general scrofulosis.

Thus, after one year's illness, one of the brightest intellects of our school has passed away. The relations between the speaker and Dr. Farrington were of the most intimate nature. They had attended lectures at the college together. Had they been brothers their feeling for each other could not have been stronger. They had thoughts, views, sympathies, and studies in common. Their feelings and their aspirations were the same. Dr. Farrington was a man of unbounded willingness to help others. Limited only by his strength, he was ready to help all or any of his class when necessary. In integrity, in truthfulness, and in ardor of study, none ever surpassed him. His big character one can hardly describe. His freedom from all undue sedateness, and his deep religious life were different from accepted views. He rarely spoke of religion; he lived it. His whole thought was to do his very best for others. He thought of the accomplishment of that grand aim of his life, a thorough education; that aim was subservient to another and a grander aim, the use of his knowledge for the benefit of others. From the beginning he showed unusual powers in grasping the intricacies of our *Materia Medica*.

To show his deceased friend's ability in this branch, Dr. Korndoerfer read the analysis of a case reported by Dr. Farrington in one of the early numbers of the *HAHNEMANNIAN MONTHLY*. At that time, Dr. Farrington had been graduated two years only. The paper would have done credit to a practitioner of thirty years' experience.

Dr. Hering had, more than once, when in conversation with the speaker, pointed to the long shelves of manuscript in his library, and said: "That is Farrington's work when I am

gone. He is the only man living who can do the work as it ought to be done."

DR. JOHN K. LEE moved that a committee of three be appointed to draft suitable resolutions concerning the death of Dr. Farrington. Carried.

The CHAIR appointed Drs. Korndoerfer, Dudley, and Lee.

DR. JOSEPH C. GUERNSEY recalled the active interest taken by Dr. Farrington in our National, our State, and our County societies. In all of these, he was looked upon as an honored representative. He was always courteous in discussion. Dr. Farrington was a genuine worker. Our Society's Transactions and our journals were enriched by his pen.

PROFESSOR A. R. THOMAS expressed the appreciation of the College Faculty of the loss sustained in being called upon to part with Professor Farrington. We have had good opportunities to know the man. In our frequent meetings in the Faculty, in which we have had occasion to discuss various interests—interests of the school and of the profession at large—we have had opportunities to learn that he was a man of intellect and principle. If he was characterized by any special trait, it was in being governed in all things by principle. Dr. Thomas did not know that he had ever met a man who was more unwilling to sacrifice principle for policy than was Dr. Farrington. His ability as a teacher we all concede. It was such that his death has caused a vacancy in our numbers which we can scarcely hope to fill. His ability was by no means confined to *Materia Medica*. Whatever subject he took hold of, he investigated in all its relations. He was a natural student. Of the many hundreds of men whom Dr. Thomas had examined in anatomy, he knew of none whose answers had made a more lasting impression on him than had those of Dr. Farrington. He remembered making the remark at the end of the examination: "Mr. Farrington, from the way that you answer my questions, I should believe you had devoted your entire time to anatomy." Other members of the Faculty had similar thoughts concerning Dr. Farrington's attention to their respective branches.

DR. JOHN E. JAMES said that his acquaintance with Dr. Farrington did not begin until after his (Dr. Farrington's) appointment to the professorship of *Materia Medica*. The character developed by the man was but the budding outgrowth of the character of the youth. Those who knew Dr. Farrington knew him only as a very earnest, very careful, very thoughtful, very honest, and very true man. He stood con-

spicuous to those around him, because in every phase of life he was a true man. There was nothing small, nothing mean, nothing weak in his character. The profession in Philadelphia has received a serious blow. It has met its greatest loss. Though Dr. Farrington has been removed, his good work goes on. The influence of his lectures will be felt. As a lecturer, it may be said that he was the *Materia Medica* teacher of homeopathy. In this respect no one has ever equalled him, or is ever likely to equal him.

DR. CHARLES MOHR said that his acquaintance with Dr. Farrington dated farther back than that of any one else present. Had he the gift of speech and mind possessed by the man whose loss we lament, then could he say much that would redound to Professor Farrington. His acquaintance with Professor Farrington began in boyhood, when they were Sunday-school scholars together. He believed that Dr. Farrington had exerted a great influence on him in his life's work. Had Dr. Farrington lived he would have been the peer of Hahnemann and of Hering, the men whom he most honored.

DR. AUG. KORNDORFER said that the universal testimony of Dr. Farrington's teachers was that he was one of the brightest boys that ever came under their observation.

The committee appointed to draw up a series of resolutions respecting Dr. Farrington's death then reported the following:

WHEREAS, It has pleased the Almighty Father to remove to the Higher Life His servant, our fellow-member and former president, Professor E. A. Farrington, M.D.:

Therefore, This Society desires to bear testimony to his conscientious fidelity and skill as a physician, his integrity as a citizen, and his devotion and purity as a Christian.

As a student of general medicine his culture was unusually broad and thorough; as an investigator in his loved field of *materia medica* his learning was extensive and profound; while as a teacher of the rising generation of physicians he possessed an ability equalled by but very few and surpassed by none.

In his departure a heavy loss has fallen upon our Society, upon his medical associates, upon the great medical profession in America and Europe, and especially upon the cause of medical education and the growth of medical literature, in both of which he was so honored and useful a laborer.

Our sympathy goes out towards his bereft family, with the assurance that the grace of his God is sufficient for them in this their hour of deep sorrow.

These were unanimously adopted, and the Secretary was instructed to forward copies of the same to the various journals and to the family of the deceased. Adjourned.

At a special meeting of the Faculty of the Hahnemann Medical College, held December 17th, 1885, the following preamble and resolutions were put on record.

WHEREAS, We have heard with feelings of deepest regret of the death of our esteemed colleague, Professor Ernest A. Farrington, M.D.; and

WHEREAS, We, the Faculty of the Hahnemann Medical College of Philadelphia, have convened at the call of the Dean to take suitable action in this severe dispensation: therefore,

Resolved, That we do hereby place on record an expression of our high appreciation of his personal character and distinguished professional attainments—realizing that the College has lost the most learned, efficient, and successful teacher of the homœopathic materia medica of the present age, and the profession of Philadelphia one of its brightest ornaments.

Resolved, That we sincerely sympathize with his bereaved family in their irreparable loss.

Resolved, That the lectures shall be suspended till after his burial, and that the Faculty will attend his funeral in a body.

Resolved, That a copy of these resolutions be sent to his family and be published in the daily papers.

At a meeting of the students of the Hahnemann Medical College, held on Thursday, December 17th, 1885, the following resolutions were adopted:

WHEREAS, It has pleased our Father, in His infinite wisdom, to remove from us our beloved professor, Ernest A. Farrington, M.D.; and

WHEREAS, By his acknowledged ability as an expounder of homœopathic materia medica he has won the respect and admiration not only of us, his students, but also of the profession at large, and by his kind and genial manner has endeared himself to all with whom he came in contact: therefore, be it

Resolved, That we, the students of the Hahnemann Medical College of the city of Philadelphia, have lost a valued instructor and a kind and sympathetic friend and adviser.

Resolved, That in this, their day of affliction, we extend to his family and friends our heartfelt sympathy.

Resolved, That we attend the funeral in a body; that a copy of these resolutions be sent to the family and also be published in the daily papers, the *HAHNEMANNIAN MONTHLY*, and the *Medical Institute*.

Committee on Resolutions, { E. L. MANN,
E. L. OATLY,
W. S. MORRIS.

Original Department.

APOCYNUM AND GELSEMIUM.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

(From an extemporaneous lecture, phonographically reported.)

IN the order of *Apocynaceæ* are a number of plants, which we use as medicines. Among these may be mentioned *Apocynum cannabinum*, *Gelsemium sempervirens*, *Vinca minor*, *Oleander*, *Nux vomica*, *Ignatia*, and *Woorari*. This order of plants is very poisonous; some of them may even cause death.

The symptoms of the first one on the list, *Apocynum*, I gave you, when referring to the dropsy of *Apis*; but I will repeat them here. You will recall that it is useful in dropsy of non-organic origin, either in local dropsy, such as ascites, or in general cellular dropsy. Almost always you will find that there is a goneness or sinking sensation in the pit of the stomach, together with an intolerance of fluids. If the patient is thirsty and takes a drink of water, he vomits it at once. The first symptom showing the beneficial action of *Apocynum* is usually a profuse flow of urine. Then the dropsy begins to diminish. I have frequently cured dropsies with the high potencies of *Apocynum*. Many, however, have been obliged to use the tincture. I mention that in order that you may know that it is sometimes necessary to use the tincture of *Apocynum* in order to produce the desired result.

Apocynum also has some action on the joints, producing a rheumatic condition. The joints feel stiff, especially on moving in the morning.

You will recall, too, that I mentioned *Apocynum* as a remedy in hydrocephalus; the head is large; there is bulging of the frontal bone; the fontanelles are wide open; there is squinting, and, in extreme cases, the patient is blind; one side is paralyzed. The case much resembles *Apis*, but lacks the cephalic cry. It is indicated in more advanced cases than *Apis*. One or two cases have been cured by the continued use of the remedy.

GELSEMIUM.

This is a remedy, to acquire a thorough knowledge of which will not tax you much. Its sphere of action is well defined.

In poisoning cases, we find that the prominent and universal symptom is paralysis of the motor nerves. The mind, at first, is clear, or there may be a slightly stupefied condition, as in case of one intoxicated, a sluggishness in thought and in emotion. Still later in the toxic effects of the drug, you will note that the sphincters become relaxed. The anus remains open permitting the escape of feces. Urine escapes freely and involuntarily. Later, respiration becomes labored as though the muscles had not the power to lift the chest. Finally, the heart muscle gives out, and the patient dies. Looking, then, at these symptoms as presenting in a nutshell the action of this drug, we find that it is a depressant. It acts upon the cerebro-spinal system, particularly upon the anterior columns of the cord. We, also, see that, by producing this sluggishness of thought, this stupid state of the mind, it must have an action on the vascular system. It is through the vaso-motor nerves, that it produces passive congestion, and I would like to say that this congestion may be either venous or arterial. Passive congestion is generally of venous origin; but, under *Gelsemium*, this passive hyperæmia refers to both arteries and veins. In addition to this nervous action of the drug, it has something of an affinity for the mucous surfaces giving rise to catarrhal inflammations. It is not difficult with this outline of the drug to fill in the characteristics.

We find that, in obedience to its paralytic action, it causes diplopia. This double vision, when *Gelsemium* is the remedy, comes from paresis of the muscles of the eye.

Ptosis, or paralysis of the upper lid, calls for *Gelsemium*, when it is associated with thick speech and suffused redness of the face. The eyeballs feel sore, this soreness being worse on moving the eyes. In this last symptom, it is similar to *Bryonia*.

In ptosis, we may compare *Gelsemium* with *Causticum*, *Rhus toxicodendron*, *Sepia*, and *Kalmia*. *Rhus tox.* is useful in ptosis, or, in fact, in paralysis of any of the ocular muscles, when the disease occurs in rheumatic patients as a result of getting wet.

Sepia is indicated in ptosis, when the disease is associated with menstrual irregularities.

Kalmia is also useful in ptosis of rheumatic origin, when attended with sensation of stiffness in the lids.

Causticum, in ptosis of rheumatic subjects.

There is difficulty in swallowing, dysphagia, as it is called. This symptom is due to defect in the muscles of deglutition.

Aphonia, or want of voice, may be present. The patient may whisper, but can scarcely utter any sounds, on account of the paretic state of the laryngeal muscles. This symptom is frequently observed in hysterical women after emotion, especially after emotions of a depressing character. Paralysis after emotion is noted under other drugs; for example, under *Natrum mur.*, the arm almost loses its power after a fit of anger.

The heart is affected by Gelsemium. The patient, on going to sleep, is suddenly aroused with the feeling that the heart will stop beating. He feels that the heart would cease to beat, if he did not move about. Here the heart muscle is in a weakened state, and there is a sort of instinct on the part of the person to move about to stimulate the heart muscle to act.

Digitalis has a symptom just the reverse of that of Gelsemium above-mentioned, namely, the patient fears that the heart will cease beating if he makes any motion.

Grindelia robusta has great weakness of the heart and lungs. When the patient drops off to sleep, he wakes up suddenly with a sensation as if the respiration had ceased.

In post-diphtheritic paralysis, Gelsemium is our most valuable remedy. In one very severe case of this disease under my care, Gelsemium effected a perfect cure. The child did not have sufficient strength to hold herself up. The spine in the upper cervical region was bent backwards. One side of the body was paralyzed. In attempting to walk, the child would shuffle along as though she had no control over the muscles. If she attempted to turn around, she would fall. The speech was thick and heavy, as though the tongue were too large for the mouth. There was marked strabismus. Sensation was nearly perfect. I ordered the patient to be stripped twice a day, and laid on the bed, and well rubbed. I gave her Gelsemium. Under the use of this remedy, she made a perfect recovery.

I doubt if Gelsemium will cure paralysis of organic origin, when there are alterations in the brain, the spinal cord, or the peripheral nerves themselves.

Gelsemium is useful in some cases of headache. I said, a few moments ago, that this remedy causes a passive congestion and by that I mean not a violent, sudden afflux of blood to a part, but that condition of the bloodvessels in which they are dilated, just such a condition as I mentioned, the other day, under *Ferrum phos.* The headache begins in the nape of the neck, passes up over the head, and settles down over the eyes.

It is usually worse in the morning, and is accompanied by stiff neck. The face is a suffused red. The eyes grow heavy and bloodshot. There is great difficulty in lifting the upper lids; often, too, the speech is thick, as though the tongue were unwieldy. Altogether, the face has the appearance of one under the influence of liquor. Thought, too, is slow, so that the patient answers questions either slowly or imperfectly.

This condition is accompanied by a pulse which is full and round, which seems to flow under the fingers like a current of water. It is exactly like the Aconite pulse, except that it lacks tone, *i.e.*, the hard, unyielding pulse that Aconite has.

Here, then, you have symptoms which ought to suggest Gelsemium in a variety of diseases. How useful it ought to be in the congestive stage of spotted fever. This remedy has, in addition to the symptoms already mentioned, another which is characteristic of spotted fever; that is, depression. The system seems to be laboring under some poison which it cannot overcome. So you have every indication here for the use of this drug in that dreaded disease. When the case advances to active inflammation, when there is effusion, Gelsemium steps out and gives place to other remedies. In addition to the form of headache above described, there is another which is associated with a feeling as though there were a band around the head, or across the forehead.

Now, for the fever which Gelsemium produces. Gelsemium causes a fever which is remitting or intermitting in its type. You will find it a valuable remedy in the remitting types of fever in children. You find the patient drowsy and tossing about the bed in agony. (You cannot give *Aconite* in these cases, unless the mental symptoms of that remedy are present.) The face is red; it has this suffused redness, of which I spoke a few minutes ago. When the child is aroused from this drowsy state; it is peevish, irritable, nervous, or somewhat excitable, but never has the violent tossing about of *Aconite*. In extreme cases, the drowsiness may give place to convulsive motions. The muscles of the face twitch; the child becomes rigid, as though it were about to have a convulsion. There is usually not very much thirst, but there is great prostration, so that the child seems too weak to move. The child is also sore; every part of the body seems to be so sore, that he cries out if you move him. These symptoms will remit and, possibly, the next morning, slight perspiration will show itself. The next afternoon, the symptoms return as before.

In intermittent types of fever you may select Gelsemium in

the beginning. The chill runs up the back. This is followed by fever with the same symptoms that I have already mentioned. This fever is followed by sweat, which relieves the symptoms. It is especially indicated in chills and fever in new neighborhoods.

In adults, we find Gelsemium the remedy in bilious fever, particularly bilious remittent fever. The reason that it is useful in bilious fever is that it causes a passive congestion of the liver. The blood flows sluggishly through the liver. It is not the same portal stasis that you find under *Nux vomica*, but it is a lazy flow of blood. Thus the liver becomes overcharged with blood, the bile cannot be properly secreted, and you have a bilious type of fever.

In *typhoid fever* Gelsemium is indicated, particularly in the initial stages; when, during the first week, the patient feels sore and bruised all over, as if he had been pounded. He dreads to move. He has headache. More than that, he has lost muscular power. He is drowsy, and has this same suffused red face. In these cases, Gelsemium will so modify the course of the fever that the patient will pass through it with comparatively mild symptoms.

We may find Gelsemium indicated in *catarrhs* excited by warm, moist, relaxing weather, with excoriating discharge from the nose, making the nostrils and wings of the nose raw and sore. There are frequent sneezing and sore throat, the tonsils being red and somewhat tumefied, with difficulty in swallowing. I would remind you in passing that this difficulty in swallowing is not what it is under *Belladonna*. Under *Belladonna* the difficulty comes from the extent of the swelling. That is true of Gelsemium also. Secondly, it comes from spasmodic contraction of the fauces, owing to the hyperæsthesia of the nerves. The minute water touches the throat it is expelled through the nose. With Gelsemium the dysphagia comes from the paretic state of the muscles, or the patient was muscularly weak when he caught cold. With this cold you will find dry, teasing, tickling cough, with very little expectoration. You find general prostration, and often, too, neuralgia of the face.

In *prosopalgia*, Gelsemium may be of use when the disease affects one side. It is intermitting in its type. The seventh pair of nerves is involved. The patient makes all sorts of grimaces.

Gelsemium has some slight action on the skin. It produces

an itching and redness of that tissue, this itching being violent enough to prevent the patient from falling asleep. A little eruption consisting of small pimples, and somewhat resembling that of measles, may appear. Gelsemium may be used in measles, in the beginning when fever is a prominent symptom, and we have present the coryza of the remedy; watery discharge from the nose, excoriating the wings of the nose and upper lip. There is apt to be associated with this a hard, barking, croupy cough, with hoarseness.

Aconite, other things being equal, is the best remedy we have for the beginning of measles. If you find a case that you presume is going to be measles, with fever, restlessness, photophobia, coryza, sneezing, and hard, croupy cough, you are justified in giving *Aconite*. *Pulsatilla* is not the remedy if there be any fever.

When moisture breaks out with the fever *Belladonna* is more likely to be the remedy.

If there is drowsy state and suffused face you may give Gelsemium in the beginning of eruptive disease, even if there be convulsions present.

Next I want to speak of the action of Gelsemium on the genital organs. On the male organs, Gelsemium produces a condition very nearly approaching impotence, frequent involuntary emissions at night, with relaxation of the organs, no lascivious dreams, and often cold sweat on the scrotum. The organs are relaxed. It is indicated especially in those cases which arise from masturbation.

I would have you note here another remedy, namely, *Dioscorea*. This is excellent for what we may term atonic seminal emissions; when there is a passive state; two or three dreams in a night with emissions of semen. The day following the emissions the patient feels weak, particularly about the knees. In these cases I know of no remedy like *Dioscorea*. I usually give it first in the 12th, afterwards in the 30th.

Caladium seguinum is indicated for the bad effects of sexual excesses, when wet dreams occur without any lasciviousness, or any sexual excitement whatever.

Agnus castis is the remedy for spermatorrhœa in old sinners.

Other remedies which may be compared with Gelsemium in its action on the male organs are *Digitalis*, *Phosphorus*, *Nuxvomica*, *Calcarea carb.*, *Lycopodium*, and *Camphor*.

In *Gonorrhœa*, Gelsemium is indicated in the beginning when there is marked urethral soreness. There are also burnings at the meatus and along the line of the urethra. The

discharge as yet is slight, not having become purulent. The disease may have been suppressed, and, as a result, is complicated with epididymitis. In gonorrhœal rheumatism it may be a useful remedy.

In diseases of the female organs Gelsemium is an invaluable remedy. First of all we find it useful in rigid os uteri. You must not confound this with the more common condition, spasm of the os, which calls for *Belladonna*. Often we find in labor, after it has lasted several hours, that there has been tardy dilatation of the os. The examining finger finds the os unyielding, hard and thick. This rigid os calls for Gelsemium.

Another condition, exactly opposite to this, calls for Gelsemium, namely, complete atony of the uterus. The neck of the uterus is as soft as putty. It is perfectly flabby. The body of the uterus does not contract at all. The bag of waters bulges freely from the os. There is no attempt whatever at expulsion. In such cases give a few doses of Gelsemium.

In the premonitory stages of *puerperal convulsions* Gelsemium is an admirable remedy. The patient is usually drowsy, and has twitching of different parts of the body. The os is either rigid, as I first mentioned, or else everything is perfectly inactive, the pulse is full and large, but soft. Pain seems to go right through the stomach, and then backwards; sharp cutting pains that seem to go right through the neck of the uterus, and then upwards. With these pains the face flushes.

Gelsemium is useful for the effects of emotions, particularly after fright or fear. A suddenly-appearing diarrhœa coming on from the effects of excitement calls for Gelsemium. The stools are copious, yellow, and papescent. The tongue is coated white or yellowish.

Other remedies coming into play in cases of diarrhœa arising from emotional influences are *Opium*, *Veratrum album*, *Argentum nitricum*, and *Pulsatilla*.

Opium in cases coming on as a result of fright.

Veratrum album in diarrhœa after fright, associated with cold sweat on the forehead.

Argentum nitricum when diarrhœa follows great excitement, especially when the imagination has been played upon.

Pulsatilla in diarrhœa from fright, when the stools are greenish, yellow, and slimy, or very changeable.

Conium, *Physostigma*, and *Tabacum* intensify the action of Gelsemium.

AN UNUSUAL CASE OF CYSTIC KIDNEY.

BY M. J. RHEES, M.D., WHEELING, W. VA.

MRS. J. R——, wife of a wealthy farmer, near Bellaire, Ohio. Consulted me, March 1st, 1881. Had every appearance of sound health; good, fair complexion; well-nourished, rather stout; age about 60 years. Complained of intense distress in bladder and urethra before, during, and after urination. The pain was indescribable, compounded of cutting, smarting, burning. Urination frequent, especially at night. Quantity of urine small each time, but whole quantity passed during twenty-four hours about normal. When first passed the urine was whitish-yellow, muddy; after standing, it looked normal, with grayish-white sediment which was somewhat slimy. She had suffered thus, for about twelve years, almost incessantly, and attributed the origin to a violent strain which was followed immediately by very severe pain in the right lumbar region. She had been under treatment by several physicians without benefit.

I diagnosed catarrh of the bladder, and prescribed at various times *Mercurius viv.*, *Cantharis*, *Cannabis sat.*, *Sepia*, *Terebinth.*, but always unsuccessfully. She became discouraged after three or four months, and tried other things and other physicians.

Early in 1884, she called an allopathic physician of Bellaire, Ohio, who diagnosed Bright's disease. He treated her for some weeks, and then called one of the most prominent allopathists of Wheeling in consultation, who said she had an ovarian tumor, and must go to Philadelphia to be operated on by Dr. Atlee.

Her large and devoted family objected to her going so far from home, and consulted me as to what I thought best. I advised that she be taken to the Homœopathic Hospital at Pittsburgh, and placed under Dr. McClelland's care. One of her sons, on going to Pittsburgh to make arrangements, found Dr. McClelland absent in Europe. I then advised them to try and induce my friend, Dr. Macfarlan, of Philadelphia, to come and operate at her home.

August 19th, 1884, Dr. Macfarlan arrived at the farm, and my young colleague, Dr. J. E. Belleville, and I drove down to assist at the operation.

After a very careful examination, Dr. Macfarlan found a tumor occupying the lower part of the lumbar and upper part of the inguinal regions of the right side; but could not decide

that it was ovarian. Vaginal examination proved the uterus and other pelvic organs to be perfectly normal. Dr. M. did not think the size of the tumor warranted an abdominal section. As a further aid to diagnosis he introduced an exploring needle about four inches to the right of, and somewhat below the umbilicus. When it was withdrawn, it contained a drop of pus. Dr. M. then inserted a canula, and by pressure and manipulation forced out through it about thirty ounces of laudable pus. He washed out the sac with carbolized water and prescribed Hepar, leaving the patient in my care. No ill effects followed the operation, which was well borne by the patient, although the forcible pressure necessary was exceedingly painful, and towards the last made the use of ether indispensable. If she had been permitted to do so, she would have been quite able to walk about the house the next day. Her pulse was 80, tongue clean, and appetite good.

The sediment in the urine proved, on microscopical examination to be pus. There was no trace of albumen. For two days after the operation, no pus appeared in the urine, and micturition was entirely normal and painless. The third day pus reappeared in the urine, and with it the dreadful pain connected with urination.

On the 9th of September, with the assistance of Dr. Belleville, I performed pneumatic aspiration, and withdrew about forty-five ounces of pus. On this occasion, finding the greatest prominence and fluctuation in the right lumbar region, I introduced the needle in the middle of that region perpendicularly, and about ten inches from the umbilicus. When the pus ceased to flow, I withdrew the needle and introduced it near the point where Dr. Macfarlan operated; but, as I got nothing except bright arterial blood, I immediately withdrew the instrument. This operation, like the previous one, was followed by two days of complete comfort in micturition and absence of pus from the urine.

October 13th, I aspirated again, in the lumbar region, and got about thirty ounces of pus, following the evacuation by the injection into the sac of about three ounces of a solution consisting of tincture of iodine, iodide of potassium, and water, which I allowed to remain. As usual pus was absent from the urine for two days, after which it reappeared with its attendant distress.

From this time until January 4th, 1885, the condition of the patient remained about the same. The sac did not fill as rapidly as before, but pus was discharged with the urine in

about the same quantity—on an average about three ounces in twenty-four hours.

I aspirated again, in the same region as before, on January 4th, 1885, and got about forty ounces. After this, there was decided diminution in the quantity of pus discharged through the bladder, and intervals of comparative comfort; but the patient's general health began to fail; she lost her appetite, grew thinner, and became weaker. Being a woman of great endurance and energy, she drove from the farm to Wheeling, a distance of eight miles, every week or two weeks after the 28th of November, 1884, to consult me at my office, and continued to do so until the middle of June, 1885.

June 27th, I aspirated for the last time, getting about twenty-two ounces of pus. After I left her, she walked nearly a mile to a neighboring farm.

July 1st, I was called in great haste, and found her suffering with very severe cutting, burning pain in the umbilical region, and great tenderness to pressure. I was told that about three hours before I saw her, she had a severe chill with general coldness of the surface, and coma. At the time of my visit the coma and coldness had disappeared; the pulse was 120, and very weak; and she had frequent painful alvine discharges of very offensive watery fecal matter, mixed with green sline. I was able to control the diarrhœa to some extent, and to relieve the pain somewhat, until the 20th of July, when the case became entirely unmanageable; and after ten days of dreadful suffering, gangrene of the intestines took place on the 31st of July, and at 5 A.M., August 1st, my poor patient died.

I have not detailed the medical treatment in the above case, because homœopathic medicines were entirely useless. I prescribed faithfully according to the homœopathic law, not only such remedies as my own studies pointed out, but also such as advised by Dr. Macfarlan. I gave *Hepar s. c.*, *Sepia*, *Mercurius viv.*, *Terebinth.*, *Thuja*, etc., homœopathically; *Iodine*, *Iodide of Potassium*, *Copaiba* empirically; and I saw no effect from any of them, with one exception, and that exception was *Kali iod.*, homœopathically administered, for the purpura hæmorrhagica. Several times during the progress of the case, the lower limbs were almost covered with hæmorrhagic spots, and *Kali iod.*⁶ invariably caused them to disappear within forty-eight hours.

In the light thrown upon the case by the autopsy, it is easy to see that homœopathy was necessarily absolutely nugatory.

There were no symptoms indicating the condition of the kidney; and if there had been, no remedy, as far as my knowledge extends, has ever produced such a condition. The bladder symptoms were caused by mechanical irritation, and therefore, although several remedies cover those symptoms exactly, they could not possibly remove them, law or no law, unless the cause could be removed. The law which transcends the homœopathic law is: *The cause must be removed.*

I am not ashamed to say that I gave the patient Morphia; on the contrary I believe that I did my duty, and that any homœopathic physician who refuses to give it for the relief of pain in incurable cases, such as cancer, or such as the case above related, fails miserably in his duty. Morphia properly used by the conscientious physician, is one of the greatest boons ever vouchsafed to suffering humanity.

Autopsy.—At 11 A.M., August 1st, six hours after death, assisted by Dr. R. W. Muhlemann, of Bellaire, I proceeded to make a post-mortem examination. Rigor mortis was well established. On uncovering the abdomen, the abdominal parietes appeared very flaccid and were very uneven, protuberances caused by flatus in the intestines being visible, especially below and just to the right of the umbilicus.

I made an incision about twelve inches long in the linea alba, and a lateral incision across the right lumbar region about eight inches long. Found the great omentum firmly adherent to the anterior wall of the abdomen. The uterus and both ovaries were entirely normal, except that they were all somewhat atrophied from senility. Bladder normal. Ascending and transverse colon displaced downward and lying below the umbilicus. Colon and small intestines very much distended with flatus. Mucous membrane of one foot of colon from cæcal end, and about two feet of lower end of small intestine, black and much thickened. This accounts for the symptoms of the last few weeks. The cavity of the abdomen was entirely free from pus or serum.

Attached to the cæcal end of the colon, and extending upward and backward, was a firm mass of cellular and adipose tissue. On the anterior surface of this mass and close to the colon were the remains of a large sac containing a small quantity of dirty-gray pus. This sac was dark brown or black on its inner surface; and from its position we supposed it to be the sac which Dr. Macfarlan had emptied nearly a year previously. The adjacent intestines were firmly adherent to this mass of cellular tissue. On raising and detaching the intestines, this mass was found to extend towards an ovoid tumor which

rested against the posterior wall of the abdominal cavity in the proper position of the right kidney. On removing this tumor rather carelessly, I observed that a little pus flowed from some of its connections, and subsequent observations made me believe that the ureter was cut at that time. The tumor weighed forty ounces, and measured about eight inches in length by five inches in diameter. Dr. Muhlemann believed that the kidney was still in the body, displaced by the tumor. While he was searching for the kidney, I proceeded to open and examine the tumor, believing that it was the kidney disorganized and degenerated into a pus-secreting sac. About eight ounces of pus escaped from the first incision. On laying it completely open, it was found to consist of a series of pouches of various sizes, which I took to correspond to the pelvis, infundibula and calyces of the kidney. These pouches all contained more or less pus, and one of the largest was blackened on its internal surface as if from the action of iodine. In what I believe to be the pelvis of the kidney, I found a sandy stone, black on the surface, but pure yellowish sand under the black crust. I should think it would then have weighed an ounce at least. It was so fragile that it has lost some of its size and weight since. By probing with the finger, I found sandy concretions in several of the pouches. What I take to be the external or cortical portion of the kidney was from half an inch to one and a half inches in thickness and was partly made up of very firm adipose tissue. There was not a trace of central substance remaining. The internal or concave border was much thinner and quite irregular in shape. The left kidney was normal except that it was enlarged; which is a natural result of having to do double duty.

Thus the autopsy, although carelessly and hurriedly made, on account of want of time, proves that the case was absolutely incurable by human agency. Medicine could do nothing. Surgical skill was unavailable because, even if the actual condition could have been discovered during life, the firmness of the adhesions must have prevented an operation from being successful. Even the lumbar operation for removal of the kidney must have failed, because an incision would not have been made in that region large enough to admit the extraction of such a tumor.

NOTE ON THE ABOVE BY DR. W. K. INGERSOLL.—The case containing the specimens from Dr. M. J. Rhees, of Wheeling, W. Va., at hand.

The larger of the two specimens is a cystic kidney,—probably

produced by impaction of renal calculi within the pelvis of the kidney, and a resulting destructive inflammation, through which all essential kidney tissue has been broken down and carried away, leaving only the much-thickened capsule, which has been distended and forms a cyst. There are large deposits of fat about this cyst.

The smaller specimen is that of a kidney; rather light in color, firm in consistency, and enlarged. There is contraction of the pyramids of Malpighi and Ferrein. The surface of the kidney is studded with small depressions; each depression represents the apex of a pyramid of Ferrein. Microscopical examination of this kidney shows the capsule very much thickened.

There is increase of the connective tissue in medulla and cortex, but greatest in the Malpighian pyramids. There is some amyloid degeneration in the walls of the larger arteries.

The Malpighian tufts are normal, except that the capsule of Bowman is thickened. The epithelium of the contorted tubes is large and fatty. The loops of Henle seem nearly normal. In the connecting tubules we find the epithelium in many places stripped from its basement membrane. Where it remains, it seems to retain its normal characteristics.

Just beneath the capsule we find points of inflammation, where there are many leucocytes in the tissue, and at these places we find the tubules matted together, their outline obliterated. Where this inflammation is just beginning we may see two or three tubules filled with micrococci, showing this to be a septic inflammation.

I herewith send you the report of a case that may be of interest with the foregoing one of Dr. Rhees. It is given with the permission of Dr. J. K. Lee.

James C.; aged 58; native of Scotland; a man of fine physique, and of particularly vigorous mind. For a number of years he had been troubled with kidney disease. Two years previous to his death he had a very copious, purulent discharge with the urine. During the last months of his life this amounted to from 14 to 16 ounces a day. He always complained of great pain over region of right kidney. He requested an operation while in the New York hospital. The surgeons whom he consulted all refused to remove the kidney as he wished. Three days previous to death uræmic symptoms developed for the first time. July 30th, in the presence of Dr. J. K. Lee (the attending physician) and Dr. Thatcher, I made a post-mortem examination. Body in good flesh; not

bloated; rigor mortis not marked. I made an incision in the linea alba from end of sternum to pubis, and transverse incision in line of the kidneys. In place of right kidney I found a large cyst filled with pus, rather thin walls, which were closely adherent to adjacent tissues; a large accumulation of fat was found about the cyst and suprarenal bodies.

The cyst was many-chambered, the cavities communicating each with the others, and connected with the enlarged ureters. In places, the surfaces of these cavities were quite dark in color as if they had been charred.

The other kidney was congested, and larger than normal. The capsule was closely adherent. A grayish, purulent fluid exuded from the cut surfaces. The medulla was firm, and the cortex soft and friable.

In the Malpighian pyramids, we found a very much increased connective-tissue stroma. In places, the collecting tubules were almost obliterated by the great increase in new connective tissue. In other places, the epithelium was almost normal in its appearances, and the tubules little pressed upon.

We found amyloid degeneration in tubules, in vessels, and in Malpighian tufts.

In the cortex, the epithelium was granular and fatty. It had lost its vitality to such an extent that it would not take the carmine stain.

In places, there was destructive inflammation. About these areas, the tissues were matted together. The centres were broken down into an indistinguishable mass.

There were also marks of recent and old hæmorrhages within the cortex.

4000 Chestnut Street, Phila., December, 1885.

NEPHRECTOMY—DEATH EIGHTEEN MONTHS AFTER THE OPERATION—AUTOPSY.

BY JOHN E. JAMES, M.D., PHILADELPHIA.

W. H., æt. 15 years 4 months, was operated on for removal of left kidney, November 6th, 1883. See *HAHNEMANNIAN MONTHLY*, February, 1884.

He left hospital January 5th, 1884; wound almost entirely healed; ulceration, a result of accidental burn in hospital, nearly healed and slight amount of mucus in urine. After he returned home, wounds soon closed and he gained greatly in flesh and health, and during the following summer helped his

father with his fishing. Had trouble in retaining his urine over an hour at a time, feeling as if bladder would hold no more; no pain or evidence of inflammation.

Latter part of January, 1885, had attack of measles, which was epidemic in the neighborhood. Upon going out "took a cold;" had hard cough, which was very troublesome, day and night, followed by great emaciation and prostration; nothing was done beyond home remedies, until the middle of April, when Dr. O'Hara was called and found him in this condition. Soon he complained of pain and tenderness over the bladder, extending to region of the liver; several times passed bloody urine; then two or three small gravel stones passed, with relief from pain. He died May 15th, 1885. On the following day I made a *post-mortem* examination.

The body was greatly emaciated. Heart was normal. Left lung having several indurated nodular spots (tubercular) containing cheesy substance; a few cavities containing pus, these were more numerous in upper portion of upper lobe, a few in upper portion of lower lobe. Right lung: apex and greater portion of upper lobe contained a large number of small pus cavities and some spots in various stages of degeneration, but few in middle portion and none in lower lobe.

Liver was greatly enlarged, hypertrophied, and somewhat softer than normal.

Right kidney hypertrophied; size, $5\frac{1}{4}$ inches length, $2\frac{3}{4}$ inches breadth; $1\frac{1}{8}$ inches thick. Cortical substance thickened; two spots in pelvis containing cheesy mass; ureter enlarged, (I was permitted to bring this away with me).

Microscopic examination of the kidney was made by Dr. W. K. Ingersoll.

"The specimen was poorly hardened, and only uneven sections were obtained. Stained them in Woodward's carmine, and mounted in glycerine.

"Found the connective tissue of pyramids of Malpighii much increased. The basement membrane of the collecting tubules, as well as the meshes of vessels, had undergone myeloid degeneration. The epithelial cells in many places were stripped from their basement membrane and washed away. Those that remained were granular or amyloid.

"In the contorted tubules was the same amyloid change in the walls, and the epithelium was broken down.

"The connective tissue growth, perhaps, did not increase in the cortex to the extent we found in the medulla, but we find the Malpighian tufts largely increased by fibroid and amyloid changes.

"Found no recent inflammatory products, no pus, nor extended red blood-corpuscles."

Left side, site of wound, from which the kidney had been removed 18 months before, had become tender and slightly swollen and inflamed during the last few weeks of his hard coughing. A few days before death a small aperture had opened, from which a few drops of pus escaped; found a small sinus under the old cicatrix and, at the site of kidney, firm cicatricial tissue; the peritoneum was firmly adherent to the large intestine in the neighborhood of former pus cavity; otherwise no change.

Bladder greatly contracted; walls thickened, firm and unyielding; sacculated; three distinct pockets; several indurated fibrous-like spots were felt on the walls; no evidence of stone or gravel was found either in bladder or kidney.

Cause of death: Tuberculosis pulmonalis.

VIBURNUM IN ANGINA PECTORIS.

BY E. M. HALE, M.D., CHICAGO, ILL.

IN the December number of the *HAHNEMANNIAN*, among the "Gleanings" p. 761, I find an extract taken from the *Analectic*, which is more valuable than might appear, as it sheds additional light on the properties of *Viburnum*. It relates that Dr. Jacoborski used the *V. opulus* (Snow-ball tree) in two cases of angina pectoris with good success. He used the dried leaves. Dr. Manguby, of Odessa, tried the dried berries, in a severe case of angina pectoris, in "an obese lady aged 40, who had been for 18 months unsuccessfully treated by various remedies. Two tablespoonfuls of the dried berries were infused in one glass of water (5viii?). This was divided into three or four portions, and all taken daily. "After two months treatment the paroxysms began to come only once in four or six weeks (instead of every four or six days, as they used to recur before). The same treatment being continued for six months longer, the patient gradually made a complete recovery."

It is a little singular that this news of the power of *Viburnum* should come to us from far-away Russia. But we must remember that Russia is making rapid strides in developing a knowledge of new remedies. From Russia we got *Convallaria* and *Adonis*, two of the most important heart-remedies. We must admire the patience and perseverance which led Dr.

Manguby to persist for eight months in the use of a *new* remedy. If our American physicians were equally patient, our *Materia Medica* would be more valuable.

In making the following observations I trust I may not appear egotistic, if I call attention to the fact that in 1878, I wrote concerning *Viburnum opulus* (see *New Remedies*, vol. ii. Therapeutics). "I have not tested it sufficiently in spasmodic affections of other organs, but predict that it will prove useful in spasmodic conditions of *all hollow muscular organs*. Nor have I decided whether it acts on the muscular tissues directly, or through the motor nerves. It may prove to be a spinal remedy after all."

In the *Medical Era*, July, 1883, I published a paper, in which I gave new provings of *V. opulus* and *V. prunifolium*.

V. opulus. Symptoms: "Sharp shooting pain in left chest, on sixth rib near sternum. During the proving, an old heart trouble (remission after every third beat) returned. Felt as if the breath would leave her body."

In my observation on these symptoms, I wrote: "Clinically it ought to be useful in *Angina pectoris*, which is often due to vaso-motor, or muscular spasm. It ought to rival cactus in painful palpitations of an enlarged heart."

V. prunifolium. Symptoms: "Great pain in the breast and eyeballs, spells of *great difficulty of breathing*. Irregular breathing, weak and sighing. *Pulse weak and irregular* with great prostration, weakness and dizziness." (These symptoms were really *toxic*,—caused by massive doses of the fl. ext., and nearly caused the death of the woman.)

Concerning these symptoms I wrote: "Here we have evidence of its action in causing vaso-motor spasm of the heart's vessels, with anæmia of the muscular substance of that organ. It also shows a debilitating action on the *vagus*, and it ought to be useful in some cases of *cardiac asthma*, from *nervous* or structural heart disease."

In some cases of spasmodic uterine affection, the pain has been known to leave the womb and attack the heart, causing distressing palpitations, and all the symptoms of *Angina pectoris*. In a few such cases, which I have seen since I have known of the action of *Viburnum*, I have prescribed this medicine with excellent and prompt curative results. When such symptoms are the concomitants of dysmenorrhœa, if *Viburnum* is given in small doses for a week previous to the time of the menses, the painful uterine and cardiac symptoms will not appear.

I shall now feel more confidence in prescribing *Viburnum* in idiopathic *Angina*, whether it is due to heart-cramp, or spasm of the coronary vessels. In some respects this drug has a curious resemblance to Amyl nitrite.

I do not think there is much difference between the action of the two *Viburnums* on the *nervous* and vascular system. If there is any difference in their action on the uterus, it is this—that *V. opulus* has less power on hæmorrhage than *V. prun.*, but of this I am not sure.

We have other species of *Viburnum* in the United States, one of which, the *V. Molle*, is said to be “poisonous.” This may imply that it is much more powerful in its action than any other species.

The *Viburnums* certainly deserve more extended provings, and further clinical experience.

It will amply repay the student of our *Materia Medica*, to read and study the cases of poisoning with *V. prun.* which I refer to above.

A REVIEW OF SOME POINTS IN OVARIOTOMY.

BY CHARLES M. THOMAS, M.D., PHILADELPHIA, PA.

(Read before the Pennsylvania State Homœopathic Medical Society.)

In a general way, one may say that ovarian tumors, and the operations therefor, are more or less complicated, according to the extent and number of the attachments which exist between them and the contiguous surfaces and organs.

These attachments are mainly *parietal*, *omental*, *visceral*, and *pelvic*.

Parietal adhesions, although not the most formidable, are still often extremely troublesome, and are too apt to receive but scant attention by writers on the subject. They may be said to present themselves both during and after the completion of the abdominal incision.

When they lie in the track of the incision they give rise to much difficulty in deciding where the peritoneum ends and cyst wall begins; and if great care be not exercised, one may fall into the error of mistaking the peritoneum for the cyst, and, in consequence, attempt to tear it from the abdominal walls. Such an error, however, is hardly possible if it be constantly borne in mind, that between the muscular aponeurosis and the peritoneum, will always be found a more or less abundant layer of fatty tissue, known commonly as the *transversalis fascia*.

I would suggest as a surer way to avoid overlooking this important guide, that it be associated by name with the aponeurosis immediately beneath which it lies, as this *sub-aponeurotic fat* must always be recognized and divided before the peritoneum is reached. Through overlooking this guide, one of two serious errors may be made. Thus, where the peritoneum is thin its careless division may expose the omentum spread over the face of the tumor, the mistaking of which for the sub-aponeurotic fat would lead to a premature division of the cyst. Again, the peritoneum is at times so thickened, as to closely resemble a cyst wall, and so cause an attempt to separate it from the overlying tissues.

After the division of the sub-aponeurotic fat, if the membrane lying immediately beneath is not, without difficulty, separated in a distinct layer from the parts still deeper (the sac), one recognizes the presence of adhesions between it (peritoneum) and the underlying cyst wall. Careful trial incisions should now be made in this tissue to a moderate depth, in the hope of coming upon a spot where it can be separated from the parts beneath, and, failing in this, a cautious lengthening of the whole incision upward may be made, with the same idea in view. The extension upward should, however, be but a limited one, in order not to unnecessarily enlarge the abdominal wound; and, indeed, in most cases of polycystic growths, when the adhesions exist for several inches *below* the umbilicus, they are likely to be found equally far *above* it. In most instances it is far better to deepen the incision cautiously near the upper angle of the wound, until, if necessary, the cyst is punctured, when the trocar can be inserted and the contents drawn off. After the evacuation of the sac, the trocar puncture may be enlarged and the face of the section carefully inspected, to determine the line of union between the cyst and peritoneum.

Should the incision require enlargement downward, care must be taken to avoid dividing the peritoneum below the point of reflection from the abdominal walls, in order not to open into the post-pubic cellular tissue. Even a small incision of the peritoneum here, will cause a gaping wound that will favor the formation of abscess behind the pubis. I have twice fallen into this error, in my desire to give myself more light for manipulation within the pelvis. In one case, by careful separate stitching of the peritoneum, I avoided after-complication, but in the second, a post-pubic abscess formed, which much retarded recovery. With regard to the length of the

incision, I think that when there is reason to suppose the cyst single, it should be very limited in extent, to be afterward enlarged if required. In more than one case of monocyst, with no adhesions, I have removed it entire through an opening measuring a scant 2 inches. In polycysts, a larger incision will almost surely be required, and should not be made scant to begin with.

After opening the peritoneal cavity the usual practice is to insinuate the hand or a sound between the peritoneal- and cyst surfaces in the search for adhesions, and, finding them, to break them up before the cyst is tapped.

This manœuvre I believe to be unnecessary and injurious. If adhesions do not exist it is a loss of time, and adds, even though slightly, to the irritation and risk of infection; if adhesions are present, they can be much more easily and safely broken up, and with the loss of decidedly less blood, after the walls of the cyst are relaxed. In several instances, after having separated the attachments *before* the tapping, a considerable amount of blood has flowed into the peritoneal cavity during the time taken to draw off the cyst contents. While the actual loss of blood from these adhesions is usually small, still the soiling of the peritoneal cavity thereby is not inconsiderable, and at times vessels of size may be unwittingly torn in such blind groping. In one of my cases, blood welled quite freely through the abdominal opening from the severed points in the parietes during the whole time occupied in emptying the cyst, and had accumulated in considerable quantity in the pelvis by the time the tumor was removed. Beside the unnecessary hæmorrhage caused by this practice, no small risk is run of bursting prematurely a frail walled cyst, an accident of grave import, especially at this early stage of the operation. In all my later cases, therefore, I have contented myself with not more than a very careful introduction of my finger for a couple of inches inside the peritoneal sac before using the trocar. *After* emptying the cyst, the adhesions can be easily exposed by dragging the sac forward through the wound, while the parietes are everted. These attachments are commonly best separated with the fingers or scissors, each vessel as it spurts being controlled without delay; or if the adhesions or vessels, by their size, seem to require the precaution, double ligatures may be applied before the division.

Intestinal and omental adhesions in particular should never be attacked without first thoroughly exposing them. Too much care cannot be exercised in the separating of these adhe-

sions and in *immediately* checking the bleeding, while at the same time a prolonged handling is to be avoided.

Omental adhesions covering small space may be broken loose with the finger pulps, and each vessel twisted or, better, tied as it bleeds. When the adhesion involves a considerable space, the separation should never be made before the omentum has been ligated, and well above the attachment, that is, in firm, vascular tissue; and in most cases it will be found safest to apply two ligatures, and cut between, in order to prevent soiling of the peritoneum from oozing from the tumor side of the section. Large masses of the omentum may in this way, with perfect safety, be removed; and, indeed, it will be found much safer to err on the side of removing too much than too little, for the omental vessels, though numerous, are so loosely supported by surrounding tissue that the structure bears injury but poorly. Again, ligation of omentum *en masse* is much preferable and safer than the tying of vessels separately, their large number frequently causing them to be overlooked, and so give rise to a consecutive bleeding.

In breaking away the *intestinal* attachments, too much care and gentleness cannot be exercised, in order not to tear into or so damage the wall of the gut as to lead to a risk of ulcerative perforation. In close adhesions, rather than use any force, it is certainly much preferable to cut away the adherent cyst peritoneum, and leave it on the gut. Should a perforation be made in the bowel it is needless to say that it should be immediately closed before the further steps of the operation are proceeded with.

In dealing with any form of adhesion I believe, as a general rule, it is best to stop all bleeding as the parts are divided, rather than to rapidly separate the attachment, and leave the management of the bleeding points till after the removal of the cyst, as is advised by many operators. By the latter method certainly more blood is lost, the peritoneum is more soiled, and frequently the location of bleeding points is so difficult as to protract the later stages of the operation in an annoying manner. In one of my cases I spent probably fifteen minutes in search of a hidden vessel, which could have been secured with the loss of but a moment at the time of division.

The most troublesome of all adhesions, owing to the difficulty in exposing them, are those upon the posterior surface of the tumor, particularly where the latter is fastened thereby to the iliac fossæ and true pelvis. The close proximity of the

large vessels in those regions renders careless manipulation and the exhibition of force extremely dangerous, and just how far one may go, or how much force be expended is a question only to be decided by personal experience. Very few of us, I fancy, would be willing to follow the example of Koeberlé, who in tearing a tumor from its fastenings to the sacrum, braced his knee against the pubes to enable him to exert his utmost strength in the effort. Here again it is safest to leave portions of the cyst wall in place, and trust to thorough drainage than run the risks attendant on rough manipulation. Where no pedicle exists, and the attachment to the pelvis is universal, the possibility of enucleation of the mass from its peritoneal covering, as recommended and practiced by Minor, should be borne in mind, although the procedure is, I believe, attended by much greater dangers than one would be led to suppose from the description we have of it. In an attempt of this sort, I was so unfortunate as to lose my patient on the table, through the laceration of deep-seated pelvic vessels, the bleeding from which became uncontrollable. This was a case of enormous tumor, made up of innumerable small cysts filled with ropy and jelly-like masses, and sitting like an immense mushroom with its stalk occupying the whole of the true pelvis, and leaving no space whatever between the pelvic brim and the tumor. Under similar conditions I would, with my present experience, not attempt the removal. On another occasion, I left attached to the promontory of the sacrum and right iliac fossa, pieces of cyst wall as large as a silver dollar, but by thorough drainage and irrigation the abdominal cavity was kept clean, and a perfect recovery was secured.

In very vascular, thin-walled tumors, with extensive attachments particularly posteriorly, the bleeding during the operation may be excessive. Decided advantage can in these cases be obtained by making a temporary compression of the pedicle as soon as it can be reached, and if possible before attacking the adhesions, thereby shutting off the blood supply to the growth. This can be done either by grasping the stalk with large pressure forceps, such as those devised by Spencer Wells, or by the use of a *serre-nœud* or a temporary heavy ligature. Under such trying circumstances, rapidity of execution is an indispensable requisite, and the treatment of bleeding points must be left till the tumor is out of the way.

With reference to the control of cut vessels and bleeding surfaces, I think that the free use of the ligature is far safer and altogether more satisfactory than any other means. Tor-

sion is certainly not to be depended upon, nor is local forcipressure to be compared with the ligature; indeed, after the removal of pressure forceps, even though the part no longer bleeds, I am in the habit of throwing a ligature about it. For oozing surfaces, a ligature passed beneath with a needle tied across, is the most effective method, though at times the hot iron or prolonged sponge pressure may be found useful. The salts of iron, either solid or in solution, have never served me a good purpose. It does not seem to be a matter of importance whether the ligature used is of silk or gut, although theoretically, at least for smaller points, the gut is better and I much prefer it. It is, however, astonishing how seldom ligatures of silk cause any disturbance, even when they have been used in large numbers; thirty and forty having been left within the abdomen in a single case without setting up the slightest irritation.

Probably the most difficult and trying cases are those where the tumor has apparently developed between the layers of the broad ligament and was left no pedicle. Of all complications met with in ovariectomy, this is I think, by all odds, the most disheartening. When the growth reaches quite down to the base of the broad ligament, and is of large size, I cannot see how its removal can be effected without putting the patient to an unjustifiable risk of immediate death. When the lowermost portion of the ligament remains unencroached upon, thus leaving the tumor somewhat movable, the mass may be extirpated by alternate ligation and division of the ligament in sections, beginning at the side of the uterus in order to early control the bleeding; and when this organ is closely involved, including its side in the first section.

Two of my cases have been of this sort. In the first, a patient of Dr. H. Knox Stewart, of this city, the tumor was practically solid, so small were the cysts, and hence, could be lessened but little in size by the trocar. There was no indication of a pedicle proper, and the base seemed to spring from the whole length of the broad ligament. The point of greatest mobility was at the lateral pelvic attachment, the tumor reaching nearly to the bottom of the pelvis, though here some free broad ligament could be made out, like an immense short thick pedicle. The uterus was flattened against, and virtually a part of, the growth. The cornu of the uterus, and the uninvolved portion of the broad ligament were, with much difficulty, tied in four separate sections by heavy plaited silk carried on a large-handled needle, and the

tumor then cut away with strong scissors. Two of the ligatures, including the one upon the side of the uterus, slipped from their hold, and a considerable amount of blood was lost before the vessels were found and ligated. A number of interrupted sutures were then applied to the side of the uterus in such a way as to close in the raw surfaces with peritoneum from front and back, and then the free edges of the severed broad ligament closed carefully with a continuous stitch. At this time I was not aware that this method of dealing with the peritoneal edges had already been practiced by Spencer Wells. In spite of careful drainage and antiseptic precautions, a septic peritonitis terminated the case in three days.

The second case was a patient of Dr. Starr of Chester. On opening the peritoneal cavity, a large polycyst was exposed, from three cavities of which the fluid was removed with a large trocar. Two good-sized pieces of adherent omentum were ligated and cut away from the summit of the tumor, and large parietal adhesions separated by the hand. Upon reaching the base of the growth, I found it presenting a nearly solid mass, the size of a babe's head, projecting in between the layers of the broad ligament, which was spread around it like a hood or capsule, and from which I succeeded in turning the mass out, leaving there a short thick attachment by the broad ligament, to the side of the uterus. The sigmoid flexure of the rectum was also found fast to the tumor and separated. The short pedicle from the uterus was ligated in two portions, and the whole mass removed. The tumor and contents weighed 45 pounds. Several vessels were ligated in the ragged cavity left in the broad ligament, the free borders of which were united with a continuous gut suture after thorough washing with iodine-water. These edges were, however, so irregular, that an accurate adjustment was not accomplished, and whether for this reason or not, pelvic abscess formed, which eventually emptied through the abdominal wound. Death took place from pyæmia on the twenty-third day.

That portion of ovariectomy in which the greatest change has taken place, is in the management of the pedicle. There seems to be now, a universal acceptance of the practice of leaving it in the abdominal cavity, and, indeed, the lessening of the mortality rates can be pretty clearly traced to the time when the extra-abdominal treatment of the pedicle, by means of the clamp, was practically given up. At the present time, no one questions the superiority of the intra-abdominal method,

and the only point on which operators can well differ, is as to the method of controlling the vessels in the stump. Whether the ligature or cautery shall hold the first place is a matter, at present, of no practical moment, as the results from each show no measurable difference. The results of the most successful operators, Keith and Tait, the former using the cautery, and the latter the ligature, are very nearly the same.

This being the case, it seems to me that the ligature is preferable, from the greater ease with which it is applied. Torsion, the *écraseur*, and separate ligation of the vessels, have now few, if any, supporters. I have, personally, never used any other than the short ligature, although my first cases were done in 1875, when the best results seemed to follow the employment of the clamp. This was, however, not owing to any conviction on my part that the intra-peritoneal method was the best, but simply because my first pedicles were too short for the clamp.

An exceedingly unpleasant complication, and, happily, a rare one, is when the tissues of the pedicle are so soft as to give way before the pressure of the ligature. In the fall of 1884, I was called by Dr. A. R. Thomas to operate upon Mrs. — for ovarian cyst. The opening of the peritoneal cavity showed loose parietal adhesions, easily separated as the cyst was drawn out. A large mass of adherent omentum was ligated in two portions and removed with the upper part of the tumor, and the lower or pelvic portion was separated with some difficulty from the sigmoid flexure. The pedicle was short and broad, but not very thick, so that it was transfixed by a double ligature of silk, preparatory to tying in two parts. The portion upon the uterine side was secured with no apparent difficulty, but upon tightening the outer half, a free flow of blood was noticed, and upon close inspection after sponging it was found that the silk, although not drawn with an unusual degree of force, had cut almost entirely through the enclosed tissue. The tumor was hastily cut away, the stump of the pedicle grasped with forceps and again ligated *en masse*, but with the same result. With as little delay as possible each bleeding point was now sought and carefully ligated; five vessels being treated in this manner. A heavy plaited silk cord was then thrown around the whole pedicle and tightened only sufficiently to stop the moderate capillary oozing which still persisted. As a matter of still further precaution, the peritoneal edges along the whole line of the stump were sewn together with a continuous stitch of fine catgut. During the latter

steps of the operation the flagging heart of the patient was supported by numerous hypodermics of brandy. The abdominal cavity having been much soiled, it was thoroughly rinsed and sponged out with weak iodized water, after which no further bleeding showed itself. A glass drainage tube, reaching into Douglas's pouch, was placed in the lower angle of the wound, and the abdomen closed. Reaction was very slow in spite of continued stimulation, friction, and hot applications to the extremities, and death from exhaustion, or persistent vomiting, was daily feared for the first week. From that time on, however, she made a slow but uninterrupted recovery.

With regard to the matter of *draining* in ovariectomy, it appears to me that the desire to do without this, even after complicated cases, may be carried to a dangerous extreme. Practiced according to the more recent methods, the small additional risk entailed to the patient, it seems to me, is more than counterbalanced by the positive advantage to be gained in event of suppuration, septic changes and hæmorrhages within the peritoneum. One frequently notices in the report of operations, the regret expressed after a fatal result, that drainage had not been employed; but on the other hand, how seldom does one hear of any disastrous or unfortunate result which could be traced to the employment of the drainage? And this has been the case in my own experience, for never have I regretted having used it, even where I have had a fatal issue; but more than once have I blamed myself for not having done so.

In two cases in 1875 and 1876, both complicated, I employed the vaginal drainage as recommended by Marion Sims; one resulted favorably, the other fatally. Since then, I have drained from the wound, mainly with glass tubes, in nearly one-half of my cases. Of course the question when to drain and when not, can only be decided by individual experience.

The question of Listerism in connection with ovariectomy, is still *sub judice*, although the number of non-Listerian operations is certainly on the increase, and more particularly since the reports of Lawson Tait, Mr. Bantock, and the late series of Keith.

That to antiseptics belongs the honor of having given, though, perhaps, indirectly, a most decided impetus to the operation, there seems to be but little doubt, and, indeed, on the Continent of Europe, before the year 1870, the mortality rates were so high as to have almost discouraged the performance of the

operation. Even as late as 1877, the series of 613 operations done by German operators and tabulated by Olshausen, shows a mortality of 43 per cent.

Since this time, which also marks the introduction of the antiseptic methods, the mortality has been reduced in the most astonishing manner, so that the late reports from Nussbaum, Billroth, Péan, and other Continental operators, show the death-rate lowered to less than 20 per cent. On the other hand, it has to be borne in mind, as emphasized by Lawson Tait (who *without Listerism* shows the unequalled success of less than 5 per cent. of deaths), that the period of remarkably increasing successes also corresponds to the time of radical change in the management of the pedicle, from the extra-peritoneal method and clamp, to the intra-peritoneal with cautery or ligature. A very strong argument in favor of the idea that our present success in ovariectomy may be due more to increasing experience and exactitude in the technique of the operation than to the influence of Listerism, is seen in the fact that at the Samaritan, London, the chief operators, Mr. Thornton and Mr. Bantock, equally skilful as surgeons in this department, report results almost identical, while Mr. Thornton is a strict Listerian and Mr. Bantock never employs this method.

OBSERVATIONS ON INTERMITTENT, SCARLET, AND TYPHUS FEVERS.

BY JAMES KITCHEN, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

As I have been requested to offer something on the subject of zymotic diseases, I will endeavor to record some of my experiences of some past years on such complaints, premising that they will be drawn from memory of personal observation and also from what I have gathered from reading in the various journals and books issued from time to time.

First, in relation to intermittent fever and what is usually called fever and ague, I would remark, that these cases are so common and so well known to practicing physicians, that little can be said about them. They have been much more prevalent of late years than they were at the beginning of the present century. Malaria is now known all over the world, while formerly it was prevalent only in particular localities. When I was a boy, our wealthy inhabitants had their country seats all along the banks of the Schuylkill, which were, at that time,

very healthy localities, but, in a few years, after damming the river and opening the canals, fever and ague was so prevalent that these suburban residences were abandoned and their occupants came into the city to reside.

This was also the case in many other localities. When some of the Western States were first settled, Ohio and Illinois, for instance, they were very unhealthy from malarial difficulties. I knew many who had to return, or die there from such diseases. The Eastern Shore of Maryland and Delaware were perfect hot-beds for all such cases, and during the early part of my practice, I often met with cases that had to come North having labored under chill and fever for months. Their appearance was deplorable, bloated, anasarcaous and frequently ascitic, cadaverous-looking, the very pictures of broken constitutions. Even children would be in this condition, and they especially had swollen livers and spleens, and a thin, cadaverous-smelling diarrhoea. They had, of course, been stuffed with Calomel and Quinine to perfection. All these cases would improve under the change of climate and appropriate homœopathic medicine; it would generally take a full month or more to become restored to a good condition. My chief remedy was *Natrum muriaticum*, and its action in such cases was wonderful. It was an unmistakable illustration of the marked action of potentized remedies, for here was a remedy that was used in its crude state at every meal, and yet, when given in a potentized condition, showed a remarkable effect in such obstinate cases. We do not meet with such cases now; the diseases of that district have become much milder, and, of consequence, much more manageable.

In conversing with a resident of the Eastern Shore, some time ago, I asked him, if he could account for the change. He replied, that he thought the use of guano as a fertilizer had much to do with it, and may probably be the chief agent. This seems to be somewhat confirmed by the following statement: A ship, on its way from the Pacific Ocean, laden with guano, and bound to New York, encountered a severe hurricane off the island of St. Thomas, and had to put into the port of that island to refit. At the time, there was a severe epidemic of yellow fever prevailing. There was a large fleet of vessels in port at the time, and the guano ship was the only one that escaped having some of the crew stricken down with the disease.

The Chagres or Panama fevers were another class we used to meet with, of the same malarial character, and very severe

and obstinate, frequently fatal ; when relieved and apparently cured, relapsing and ending in death.

Still another class of cases from the coast of Africa—very severe—had yellow skins, were anasarcaous and ascitic, and had swollen livers and spleens. These were always fatal under any treatment.

As to the treatment of intermittents, I think the preparations of Cinchona are the best in the acute stage ; when chronic, then the homœopathic remedies come in, and take the lead.

There are some curious sayings about charms, powwowing, etc. When I was a boy there used to be a tanner by trade who was quite celebrated for such cures. He never would charge any fee, but would *take* any amount of money offered him. He used to say : To take a regular fee, would annul the charm.

I will mention one case, that came under my personal observation :

A man and his wife went up to Bristol, Pennsylvania, to pass the summer months. They contracted chills and fever, and returned. I easily cured the man, but could not prevent the return of the chills in the woman. The type was tertian. After attending her upwards of a month, she asked my permission to visit a man in the southern section of the city, who was reported to be very successful in charming them away. "Very glad to get clear of you," was my reply. The day appointed to visit him, she had a chill which prevented her from leaving the house. Her sister saw the man to make an excuse for her sister not coming. He said, he did not care about seeing her, but wished her to send a lock of her hair, or any part of her dress. She sent a garter. He said some gibberish over it, blew his breath on it three times, and said, "Now, she will not have another chill." She never had another chill. A very singular feature in these cases is their periodicity,—that one should be quotidian, another tertian or quartan, has never yet been explained, although much has been written on the subject.

The neuralgic type is sometimes seen in malarial districts. Some in the family will have typical attacks, while others have paroxysms of a neuralgic character. I had a neuralgic case, in which the attack came on every day at sunrise, and ceased at noon. Others are met with, coming on at different hours of the day, but holding on to their periodicity. Some years since, I attended a family, which had to leave Bristol

on account of their constantly being under the malarial influence. It was two years before they were entirely free from it. One of the family paid a visit to a friend there, and in less than twenty-four hours she had a severe chill and fever.

Scarlet Fever.—Some years since, I published in the *Philadelphia Journal of the Homœopathic Materia Medica*, a report of a case to which I was called in consultation by the late Dr. Sims, of this city. Upon my first visit, I felt almost convinced of its fatal issue, as the child was in a deep, typhoid condition. The pulse was very frequent and weak. Respiration frequent. Lips black and cracked. Tongue black and dry. Dry and hot skin. A stinking discharge from the nostrils and ears. The child, a female, about ten years of age, had an impossibility of swallowing any amount of liquid. Upon making an effort to do so, the liquid would squirt out of her nostrils and ears as from a syringe. Dr. Sims had given her all the usual remedies appropriate to the case, and I felt unable to decide what course to take. However, I concluded to give Carbolic acid, considering the case to need an antiseptic remedy in preference to any other. It was administered in the strength of 50 per cent. alcoholic solution, 10 drops in half a tumblerful of water, a teaspoonful every hour. In twenty-four hours, the change was very remarkable, and convalescence ensued.

Since then, I have relied upon that remedy in every case I have had under charge, and the success has been highly satisfactory. For any prominent symptom, of course I use other remedies in connection with it. It subdues the fever better than any other remedy in this disease that I have ever used. Aconite will not reduce scarlatinal fever, neither will Bell., but Carbolic acid will. It has, in some apparently severe cases, aborted the disease on the fifth or sixth day. I believe there is no question about the contagiousness of this disease. The nurse attending this case took one of the child's dolls, and gave it to a poor child. She contracted the disease in a few days after, which proved fatal. In this connection, I may mention a case of whooping-cough, of three weeks' standing, which was arrested by an attack of scarlet fever. When convalescent from the fever of some weeks, the cough returned and continued for some time.

Typhus Fever.—Sometimes called ship fever and prison fever. In the decade of 1840 to 1850, it was very prevalent in Ireland, owing to failure of the crops and other causes. In one of these epidemics, a ship arrived at New York from Ireland, with 300 or 400 passengers, there being a very large

emigration from that infected country. Thirty or forty died on the passage, and of those who landed, many were taken, laboring with the disease, to the hospitals. These infected others, and some thirty or forty physicians and students, visiting these places, were carried off by the disease. It so happened that I was the family physician of a clergyman in this city at the time. One afternoon, a carriage drove up to his door, and two girls got out, bringing with them a trunk and bag. When the clergyman came down to see who wanted him, on encountering the baggage in the entry, he called out to the servant to come at once, and throw the bag in the yard, exclaiming at the same time, "There is death in that bag!" He entered the parlor, and the girls introduced themselves to him as his nieces. Being a good, benevolent man, he gave them shelter. On the third day after this, he was taken down with the disease, and died on the eighth day, with severe hæmorrhage from the bowels. One of his daughters, who nursed him, was also prostrated, but recovered after a severe attack.

These, and similar cases of contagion and infection, are very obscure and unaccountable. Here is a ship that sails from a port in Ireland, with 300 or 400 steerage passengers, in a state of average health. When out a few days, cases of fever begin to appear, and, before the voyage is ended, many are stricken down, and some thirty or forty die and are buried at sea, but the larger portion escape, after having been confined in a highly contagious atmosphere upwards of fifty or sixty days. Many, after landing, are taken with the fever, and sent to the different hospitals, and there infect others. During this epidemic some thirty or forty physicians and students, attached to these institutions, died, as well as many others in lodging-houses.

Now, what can such a poison be? Take half a dozen or more persons. Let them partake of a poisonous meal. Not one escapes. Or, put a number of persons into a room, infuse into it a poisonous gas, not one escapes,—*all* are affected. But here, under similar exposure, only a comparatively small number of those become affected. How can this be explained? Any one, who has not been in the steerage of an overcrowded emigrant ship, has something yet to learn.

It is more like what all have read of the Black Hole at Calcutta than any other place on this planet, especially in bad weather, when the hatches are fastened down, and every air-hole closed.

Such an atmosphere, saturated with all kinds of animal filth,

and then, in addition to this, typhus poison! What can we say, or *how* can we account for the escape of a single individual? Then, too, in the clergyman's family, only two were poisoned. Many others in attendance escaped.

Small-pox.—In one of the epidemics of this disease, I vaccinated a child on one arm. At the expiration of two weeks, there were no signs of its having taken. A few days after, I vaccinated it again on the other arm. It failed on this arm, but appeared on the arm *first* vaccinated, and went through a regular course to maturity.

When the Small-pox Hospital was established in London, after Jenner's discovery, a man applied for a situation as nurse. Upon inquiry, it was found that he had been vaccinated several times, without taking. He was, nevertheless, received, and entered upon his duties at the age of 40.

He continued as nurse until he reached the age of 90, when he *took* the disease—and died.

A case of a German, who died upon the *fourth attack* of the disease, happened in this city some thirty years ago, in one of the epidemics prevailing at that time. He lived on Fourth Street below Spruce.

SOME OBSERVATIONS ON COCAINUM MURIATICUM.

BY S. LILIENTHAL, M.D., NEW YORK CITY.

DR. MANASSIEU, of St. Petersburg, publishes in the *Berliner Klin. Wochenschrift*, No. 36, 1885, his observations on Cocainum mur. in sea-sickness, to all of which we can testify as we used it with great benefit in two voyages (beginning of June and middle of October). Though we had rough weather on both voyages (though no storm), all who took the Cocaine (1:500 and even 1:1000 Aqua dest.), a teaspoonful every two hours, escaped the disagreeable sensations of mal de mer. Some complained of the bitter taste yet of the solution of 1:500, and as our supply got low, we filled the bottle up again with water and witnessed the same good effect. It is an excellent prophylactic and palliative.

Manassieu says: "In our latest medical literature mention is made of the beneficial influence of Cocainum mur. in the obstinate vomiting of pregnancy, hence the idea was close by to try it also in sea-sickness. The company with which I travelled consisted of a gentleman and lady very prone to sea-sickness. I gave them Cocainum as a prophylacticum, teaspoonful every two or three hours (℞. Cocaini mur., 0.15;

Spir. vin. rectific., q. s. ; ad solutionem, Aqua dest., 150.0). They began to take it as soon as the vessel left the wharf, and, though the weather was stormy for forty-eight hours, they did not feel sick and enjoyed their meals (all our passengers, though they could not bear sometimes the foul air below, enjoyed their meals on deck, and on board of our steamers this means four and five meals a day). In a child of six years, who slept the whole night during the storm, but got sea-sick when waking up, Cocainum removed in half-an-hour every trace of it, and the child was playful the whole day in spite of the storm (children recover quickly from it, and one or two doses suffice ; even after vomiting once or twice they are soon able to enjoy their food. Too often in children the vomiting is gastric, as they overload their stomach, often being the pets of the cooks and of the stewards). A young lady of eighteen years was terribly sea-sick, but after the second double dose (two teaspoonfuls) she could sit up, and after a few more doses the appetite returned, and she remained well during the whole voyage."

Finally, let me mention two cases of cholera nostras, which were severe and with symptoms of collapse. The nausea and vomiting were so great that it was only possible to give a few doses of Cocainum after the application of an ice-bag on the medulla oblongata ; all vomiting stopped, reaction set in, and the patients were saved.

Lécérato, in an article on the physiological and therapeutic action of Cocainum (*Journal de Médecine de Paris*, Sept., 1885), comes to the following conclusions : 1. Cocainum, even in small doses, shows decided effects on peripheral nerves, when applied hypodermically. 2. In many cases even such small doses as fifteen milligrams reduce sensibility and assuage pain. 3. Larger doses (up to 0.06 gr.) produce perfect anæsthesia over a relatively large region. 4. Besides this local action Cocaine, subcutaneously injected, has no other influence on the circulation. 5. Its local effect is already perceptible in doses of seven milligrams, and increases from larger ones. 6. The frequency of the pulse is, after the first minute, somewhat increased, between 8-14 beats in the minute. 7. Intra-arterial pressure is in most cases diminished some millimetres Hg, but this depends more on the temperament of the person than on the dose. 8. The pulse-curve is shortened under the influence of Cocaine in its ascending and descending arc. 9. Respiration remains normal. 10. Its action begins in healthy persons a few minutes after its application, the more rapidly,

the larger the dose was; the duration of its action may vary from twenty minutes to more than an hour. 11. Neuralgic pains are diminished by it, and 12. Its effect is not only local, as the needle may be inserted at distant points. 13. Subcutaneous injections in such small doses never produce mydriasis.

In relation to the antidotal action of Cocainum to Morphine and Morphinism, Dr. C. Rank (*Med. Central Zeitung*, 74, 1885) concludes: 1. Cocainum in the cure of Morphinism is indispensable, as it alone shows no bad secondary effects. 2. In the modified slow treatment, according to Erbenmeyer, the dose of Morphine is daily decreased, that of Cocaine increased. 3. A medium single dose for a grown person is 0.05; doses of 0.1–0.15 may be given once and awhile without detriment; to give doses of 0.2 is dangerous. 4. Cocainum is best administered in a simple watery 5 per cent. solution. 5. It does not seem, as far as observations go, that the organism becomes habituated to its use. 6. The patient, when cured, has neither desire for Morphine nor for Cocainum. The treatment with Cocainum is more rapid, more safe, and symptoms of collapse are rare. Too large a dose of Cocainum (0.1 to 0.15) may produce transitory hallucinations and deliria.

From Lécérato's conclusions we may infer, that the anæsthetic effect of Cocainum is not only upon the place of injection, but more general than supposed by many writers. When we compare the symptoms of Morphinism with those of Coca, we find that the primary symptoms of the former coincide with the secondary symptoms of the latter, and this very similarity may give us a clue to its antidotal action. Thus Morphine primarily stimulates the brain, just as Alcohol does, and the dulness and stupefaction follow. The Coca however is at first dull, and only after its full absorption is energy aroused, the mind clearer, and the spirits much better. In Morphinism, the pupils are very much contracted, sight impaired and feeble, with diplopia and disturbance of accommodation;—in Coca dilated pupils, intolerance of light; in Morphine features wild, flushed, and then pale and haggard; in Coca only a yellowish sallowness. The morphinist has no appetite, but burning thirst, food distresses him; the Coca-chewer has morbid hunger, followed gradually by loss of appetite with speedy satiety in some cases, though in most provers the appetite remained good. Morphine: respiration irregular, greatly obstructed. Coca: shortness of breath only at first, succeeded by lightness of breathing, even when ascending. Morphine: tremors and feeling of great weariness in all extremities. Coca: suddenly appearing crampy

pains in limbs. In Morphine, after the excitement is gone, muscular prostration prevails, whereas, through the retarded metamorphosis of Coca, physical and mental vigor keeps increasing, till finally the overworked nerves are shattered, and exhaustion follows. Morphine produces, primarily, sleep, but a morphinist's sleeplessness is often one of the worst symptoms to combat; Coca takes away the desire to sleep, or makes the sleep restless and dreamy; in Morphine the dreams are frightful, whereas the Coca dreamer is energetic and full of activity.

We see what a dangerous drug Coca may become, and we only hope that observations will prove the assertion true, that after its internal or hypodermic use no desire for its continuance remains. For us homœopaths, the golden rule must be taught over and over again, not to use palliatives at every difficult point; try first and last the hidden treasures of our *Materia Medica*, they can be found if faithfully searched for, and Morphinism will be rare in the practice of homœopathic physicians.

In the *New York Medical Record* of November 14, 1885, page 536, is a so-called case of poisoning by Cocaine, simulating opium poisoning, which may be worth while to transfer to the pages of the *HAHNEMANNIAN*; at least it is worth while to investigate it.

The symptoms were: 10.45 P.M. After conversing very sensibly for half an hour after the last hypodermic injection of Cocaine, *without showing any signs of excitement or exhilaration*, he sat down on the floor with his back against the wall and soon fell asleep (he took it to sober up after drinking the whole night).

12.40 A.M. The man in the cell noticed that his face was ashy pale, hands and lips quite blue, and large drops of perspiration covered his forehead and ran down his cheeks.

12.50 A.M. The apothecary reports that he found the patient sitting on the floor with his back against the wall and the body inclined to one side at an angle of 45 degrees, resting on his elbow, head down on his breast, eyelids tightly closed, mouth half open, *pupils contracted* to a point not larger than the head of a small pin, breathing very slowly, pulse feeble and fluttering and not countable, face congested and of a whitish-gray color, lips and hands quite blue, body bathed in cold perspiration, unable to rouse the patient by violent shaking and pinching.

1.30 A.M. Dr. Derr found the patient in a comatose condi-

tion, face cyanosed and puffy, pupils very much contracted, skin cool and bathed in perspiration, respiration very slow and almost imperceptible, and not at all stertorous, pulse slow and of a fair volume.

He had taken in twenty-four hours nearly ten grains of Muriate of cocaine and lots of liquors.

Now let us see; study the symptoms of Coca as found in Allen, and we see in symptoms 105 and 106: *Dilates the pupils*, renders the eye intolerant of light (after large doses), widens the pupils and lessens the sensitiveness to light—here a seeming contradiction. 145. The bilious color first noticed in the face gives place to a leaden hue. 323. Difficulty of breathing, with palpitation of the heart, with pleasant weariness of the whole body. 346. Pulse much accelerated, beats of heart being nearly quadrupled during the first three hours, then became slow and weak. 410. A kind of numbness, with a feeling of serenity, with *retention of clear self-consciousness*, and an instinctive desire to make no motion for an entire day; while in that condition there set in a sleep lasting an entire day without leaving any feeling of lassitude or restlessness. 419. Feel tired and weary, must exert himself to keep awake. 509. Perspires freely and without exertion.

In Hering's *Guiding Symptoms*, iv., p. 227, we read: great intolerance of light with remarkable dilatation of pupils; lips blue, swollen, chapped; painful shortness of breathing, need of deep inspiration; exhaustion of heart with irregular action; pulse weak, quickened, small; head inclined forward, with giddiness and fear of falling; pain in fingers, which remained cold for weeks.

We consider it wrong to ascribe all the symptoms enumerated in the case to the hypodermic injections of these large doses of Cocaine, which at the utmost only intensified the action of the frequent doses of alcoholic beverages taken by the patient in somewhat alternating doses. Let us look at Allen, i., 139, and we read of Alcohol: 90. Stupidity. 104. *Coma*. 152. *Contraction of the pupils*, drooping lids, coma. 164. Pupils dilated and afterwards contracted. 199. Face bloated, without expression, stupid, silly. 206. Face blueblack or pale. 348. Respiration quickened and then retarded. 350. Heavy, labored breathing. 364. Pulse nearly always accelerated, sometimes small and empty, sometimes full and even hard. 472. Great inclination to sweat. 475. *Sweat profuse, cool*, sticky, sour-smelling, sometimes warm. 480. Sleep seemed at first with snoring, as if apoplectic; later not to be roused.

Blyth in his work on *Poisons*, p. 117, describes this as the second stage of alcoholic poisoning: the unhappy victim sinks down to the ground helpless, the face pales, the eyes become injected and staring, the pupils dilated, acting sluggishly to light, and the skin remarkably cold.

On the contrary, we read of Coca: Hale in his *Therapeutics*, p. 206, says: during the primary effects, the senses are all the more alert, the perceptions keener, and they are not morbidly irritable; while a sufferer from the secondary effects finds that he is irritable in body and mind, his nerves have lost their tone and are shattered. Farquharson (*Mat. Med. and Therapeutics*, p. 173) says: tea, coffee, guarana, and coca contain the same alkaloid, caffeine, and have much the same effect. It is well known that tea and coffee are administered in cases of opium poisoning—and Dr. Derr and Speer considered this case arising from opium poisoning, and used the treatment usually applied for such poisoning, as atropine, coffee, flagellation, etc.

The poor drinking and half-intoxicated marine had a better idea of Cocaine than his physician, when he took the antidote to alcohol "to sober up." Even the one symptom "pupils very much contracted," which we find in the primary state of alcohol poisoning, shows the antidotal action of Cocaine by keeping the patient, at least partly, in the first stage of intoxication. The venosity of the blood easily explains all the other symptoms; as the cyanosis, the nearly imperceptible respiration, the clammy cold perspiration, the weak action of the heart. We may be allowed to cite several cases of alcohol poisoning from *Woodman and Tidy's Forensic Medicine and Toxicology*, p. 438.

CASE 4. Male, æt. 16, $\frac{2}{3}$ of a pint of gin at a draught: insensible, pupils dilated, pulseless.

CASE 1. Male, æt. 7, half a pint of gin: complete insensibility in half an hour, pupils contracted, no delirium, injection of conjunctivæ, convulsions, death.

CASE 7. Male, æt. 3, rum and gin: insensibility in ten minutes, no stertor, pupils markedly contracted, face flushed (emetics were given), after a short time the pupils became dilated, convulsions set in and death.

CASE 12. Male, æt. 26. A quart of gin drank during two hours and a half: insensibility, pulselessness, pupils contracted, breathing stertorous, foaming at mouth.

It seems clear to us that the case was one of alcohol intoxication, that was prevented by the large doses of Cocaine from

reaching the degree of beastly intoxication. We considered it worth while to investigate the case, fearing that some writer might put such symptoms among those of Cocaine and thus mislead the seeker after genuine symptoms.

CHROMOPHYTOSIS.

BY E. M. GRAMM, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

SYNONYMS.—*Tinea versicolor*, *pityriasis versicolor*, *mycosis microsporia*.

THE disease to which I invite the attention of the Society this evening belongs to the class of dermatophytic maladies, its exciting cause being the microsporon furfur. This fungus is not readily transmitted from individual to individual, and on that account a history of contagion seldom can be obtained.

I have thought it well to present this affection for discussion, not so much because of its effects, for it never produces dangerous or marked symptoms; nor because of its incurability, for it is readily and rapidly cured by the proper method of treatment; but rather for the fact that a mistaken diagnosis usually results in causing it to remain indefinitely *in statu quo*, or else to spread in spite of apparently "properly selected homœopathic remedies."

At its commencement, the lesions have a yellowish appearance, and vary from the size of a pin-head to the size of a split pea. They are not elevated above the surface of the surrounding skin, are not accompanied by any evidences of inflammation, and generally escape the observation of the patient. They are, then, macules which, even if they are discovered, rarely cause their possessor any uneasiness.

The anterior portion of the chest is its usual starting-point, although any part of the trunk, shoulders, and upper portions of the arms and thighs may first manifest evidences of the presence of the fungus. As these regions are protected and concealed by the clothing, the lesions may escape observation until they have attained a large size. They spread from the periphery, and may involve the whole of the anterior portion of the chest, the abdomen, and the upper parts of the arms and thighs. The back is also frequently affected. The parts exposed to the light and air are never involved.

The macules are circular at first; but later they take on a more irregular shape from the coalescence of different lesions,

and form an irregular spreading of the fungus. They vary in color in different individuals, being yellow or yellowish-pink in fair-skinned persons, and dark-yellow, buff or tawny in those who are dark-skinned. Duhring mentions the fact, reported by Manson, that in Asiatic races a rare black-colored variety has been observed. Upon each of the lesions the existence of minute, branny scales can be demonstrated by scratching with the finger or knife. This desquamation is at times noticed by the patient when drying himself after a bath. The formation of minute scales upon the lesions is an important factor in the diagnosis.

Subjective symptoms are exceedingly slight or are entirely wanting, the irritability of the skin in different individuals determining the amount of itching experienced. It may only occur when the skin is moistened by sweat after exercise or when the patient is overheated.

When but a small area is involved the affected region has a uniform color; but when the patches are extensive a peculiar mottled appearance is produced. There is no tendency to a symmetrical arrangement of the eruption.

At the edges of the patches a well-defined line of demarcation between the healthy and affected skin can be seen. The presence of the fungus upon the skin, however, does not cause inflammation; so that the removal of the scales does not disclose more than a slightly reddened condition of the skin, nor can any inflammatory areola be discovered around the lesions.

Chromophytosis is most liable to be diagnosed as chloasma and the affection treated for "liver spots," so long as the patient is willing to remain under treatment. No error can be committed if the facts are borne in mind that chloasmata are very apt to appear upon the face, and that they are due to a deposition of pigment in the stratum mucosum of the epidermis, in the middle, polyhedral layer of cells of that stratum. In chloasmata, too, no changes take place by which the cells are removed from their normal position, so that desquamation is utterly impossible.

I have been unable to comprehend how it is possible to confound the erythematous or macular syphiloderm or vitiligo with chromophytosis, except it be due to an inexcusably superficial examination. That the diseases theoretically might be able to resemble each other I can see; but in no case that has come under my observation could any other than the

correct diagnosis have been arrived at even by a slight examination.

Any doubt that may arise in the mind of the physician as to the veritableness of a case of chromophytosis will quickly be dispelled by the microscope, which will demonstrate the existence of mycelium and conidia within and upon the cells of the stratum corneum. I will not enter upon a description of the characteristics of the microsporon furfur, as that can be found in any of the text-books.

Kippax states that the disease occurs most frequently in phthisical patients. My experience certainly does not confirm that view. The most probable explanation of the belief that the malady is oftenest found in connection with pulmonary phthisis is that given by Hyde, who calls attention to the fact that the chests of persons affected with consumption are most often offered for inspection, and that many individuals suffer from chromophytosis whose general health is excellent, and they, therefore, pay no further attention to the malady. I believe that another cause of the disease being neglected can be traced to the generally accepted theory of the production of "liver spots," and the supposed difficulty attending their removal.

The treatment of the disease is one of the easiest dermatological problems, and on that account the failure to remove a patch of chromophytosis, no matter how extensive, is certainly a reproach to any physician. The malady is a purely local one, and can under no circumstances react injuriously upon the general health. It is true that the fungus will only lodge where a suitable pabulum for its propagation exists; and yet, in the majority of the cases that I have treated, I have been unable by the most careful inquiry to discover any tendency to an irritable condition of the skin. But one case has come under my observation in which a positive lack of cleanliness existed, and the disease, consequently, proved very intractable.

My usual plan of procedure is to order that the patient take a thorough general bath, and afterwards wash the affected regions with any soap that contains an excess of alkali. The ordinary green soap of the Pharmacopœia or the common yellow scrubbing soap can be made use of, according to the circumstances of the patient. After removing as many of the scales as possible by this ablution, and a thorough drying and rubbing with a coarse towel, I order an aqueous solution of hyposulphite of sodium, $\tilde{3}j$ ad $\tilde{3}j$, to be applied to the patches,

which are again to be briskly rubbed. At first this washing, followed by the application of the hyposulphite of sodium, should be practiced twice per day and later but once. After the first treatment the patches will be much paler, and will continue to fade with each subsequent treatment until, finally, no trace of them remains. It is, however, necessary to caution the patients that unless every patch of the disease is removed by these means, the disease will recur. It is, therefore, advisable to recommend that the treatment be persisted in at least a week or two after all traces of the fungus apparently have been removed. The applications need then only be made on every third or fourth day.

In addition, I am in the habit of prescribing whatever homœopathic remedy may be indicated by the patient's general symptoms; but the fact that the patches disappear in direct proportion to the number of local applications of the hyposulphite of sodium, leads me to give it the credit of removing the disease. I do not wish to be understood as detracting in any manner from the efficacy of internal remedies in reëstablishing the normal condition of the skin; but I do believe that it is necessary to kill the fungus first, and then remove the tendency to a recurrence of the disease.

Other substances which have been used with success in removing the eruption are Sulphur ointment and lotion, Carbolic acid, Sulphurous acid, Acetic acid, Boracic acid, Corrosive sublimate, tincture of *Veratrum viride*, tincture of Iodine, and Coal oil.

Kippax recommends the internal administration of *Sepia* or *Natrum ars*.

As I have previously intimated, I think it a great mistake to confine one's self to a certain class of remedies. The general symptoms presented by the patient will prove an unfailing guide, not only to the remedy but also to morbid states, which must be cured before the patient will be in a condition to resist the invasion of the fungus if its spores are again deposited upon the skin.

SPASTIC SPINAL PARALYSIS MUCH RELIEVED BY TREATMENT.—Dr. John H. Clarke reports a case of this disease, in which *Merc. cor. 3x*, followed by *Kali hyd.*, succeeded in greatly improving the patient's condition.—*Homœopathic World*, October, 1885.

Miscellaneous Contributions.

ON THE TREATMENT OF CEREBRO-SPINAL MENINGITIS.

BY DR. LANGE, STETTIN.

(Translated with remarks by S. Lilienthal, M.D., New York.)

1. R_y. Magnes. ust., 6.0–8.0; Cupri oxyd. nigr. p., 0.2; Aqua nicot. dest., 30.0; Aqua dest., 150.0. S. every hour or two a dessertspoonful.

2. Natr. bicarb., 10.0; Tragac., 0.3; Aqua dest., 150.0; Aqua nicot. dest., 30.0; Cupr. oxyd. nigr. p., 0.2. S. every hour or two a dessertspoonful.

3. Tinct. cupr. acet., 2.0; Aqua nicot. dest., 30.0; Aqua cinnamom. simpl., Muc. gumm. mim., ? 15.0; Aqua dest., 120.0. S. every two hours a spoonful.

During the epidemics of 1864 and 1881 Dr. Lange found his treatment successful in every case, and considers it, therefore, his duty to bring it now to the notice of the profession. He begins treatment with the Magnesia mixture, and one glassful suffices to produce several stools. With one or two bottles of the Natrum mixture the patient has taken enough alkalies, which he considers eminently necessary in the beginning. Tinct. cupr. must be continued till the disease is conquered, and a little longer to prevent relapse. The repetition of the dose depends on the severity of the case. Extractum nicotianæ is doubtful in its action, as the volatile parts of the plant are lost in its preparation.

Considering that the infectious character of the disease is now generally accepted, we learn the failure of relying on germicides. We know that Copper does not destroy the development of bacilli, etc., and certainly we cannot expect it from Nicotiana and alkalies. *If then these drugs render the infectious germs innocuous, it teaches us the duty to restore to the affected organs the integrity of their resisting power, and health is restored.*—*Allg. Med. Centr. Zeit.*, 36, 1885.

Dr. Lange stands here on the same standpoint which Rademacher showed in his *Erfahrungs-Heilkunde*. He agrees here with Grauvogl, and Hahnemann gave us Cuprum and Nicotiana in the treatment of the comma-bacillus cholera. We feel more than pleased to see it acknowledged in old-school journals, that germicides are not the *sine qua non* of treatment, but that drugs aiding the diseased organs in throwing off the incubus, *i. e.*, drugs homœopathic to the diseased state, will do it more rationally, with more safety, and with more prom-

ise. Never mind the dose—it is, after all, a very moderate one.

Hahnemann, in *Chronic Diseases*, iii., 190, recommends Cuprum in several kinds of partial or general clonic spasms, accompanied with too fine and sensitive senses, and it is indispensable to prevent or to cure Asiatic cholera. According to G. Schmid, Copper is especially indicated when the action of the sensitive sphere of the brain is more powerful than the irritability of that organ, whilst there is an evident tendency in the circulatory system to neutralize the disease by an increase of activity. Hughes (*Pharmacodynamics*, 4th ed., p. 449) quotes Pereira: if the cuprous preparations be used in very small doses, they sometimes give relief in certain diseases, principally of the nervous system, without obviously disordering their functions; in other words, in these instances the only apparent effect is the modification observed in the morbid condition. And, p. 451, he teaches: a more important part of the neurotic action of Cuprum is its powerful influence upon the brain. Almost every form of cerebral disorder has been induced by its poisonous action; at the same time autopsy shows no sign of organic mischief. Schmid recommends it in the cerebral symptoms which result from the retrocession of any of the acute exanthemata (bacterial diseases), and these suggestions have been confirmed by the experience of most homœopathists. Dr. Drummond of Manchester speaks also of great benefit from its use in cerebro-spinal meningitis.

Lange, though he does not tell us of it, is a close student of Rademacher, for we read in the first volume of his *Erfahrungs Heillehre*, p. 655: It was June, 1819, when I learned the beneficial effects of Tobacco in cerebral fevers, the patient suffering from a drawing pain over the whole head, but especially occipital, and even where during the first days the whole head was affected, it finally settled in the occiput. Some also complained of pain in the cerebellum and down the spinal column between the scapulæ. This pain was constant, without any remission; the fever was constant and exhausting. After the failure of other treatment Rademacher accidentally read in an old herbarium of the wonderful action of Nicotiana and then applied the drug in suitable cases. He found that the Aqua spirituosâ nicotianæ contains the essence of the drug, and in giving a half or a whole ounce of it during the day, it never produces vomiting or diarrhœa, or rather it quiets the irritation in the gastro-intestinal catarrh. There is a vast difference between the use of the fresh or the dried leaves of Tobacco in

their action on the organism, and it may be acknowledged that the volatile essence of Tobacco has a great curative effect on the cerebellum and spinal column.

As none of our authors speak of Tobacco in cerebro-spinal meningitis, though Cuprum is everywhere favorably mentioned, it may be worth while to compare the symptoms of the disease with the symptoms of the drug.

Violent headache, vomiting, extraordinary prostration of strength, great restlessness; high fever (104°), irregular pulse; or the disease begins with convulsions and that characteristic stiffness of the neck, which in a few hours may develop into a tonic contraction of all the extensors of the spinal column; great aching in all the limbs; over-sensitiveness of the skin; herpetic eruptions (Kane, p. 72).

Allen, ix., 472: 60. Profound stupor. 108. Head thrown back, amounting almost to opisthotonos; heaviness and dull confusion of the head; headache with vertigo. 980. Stiff neck, so that he could not turn the head to the right side; neuralgic pains in the neck, with tightness of the throat; tenderness of spine along its whole length, more especially in cervical and lumbar region. 999. Rigidity of the limbs; paralysis and relaxation of the limbs; pain in all the limbs. 1110. *General convulsions, the head firmly drawn back, with rigidity of the muscles of the posterior part of the neck, constantly returning rigid tetanic spasms*; tetaniform convulsions. 1200. Increased turgescence of the skin, with violent itching, red spots on face, right shoulder burning when touched, etc.

We see thus that there is more than a superficial similarity between this drug and the disease, and we only wonder that none ever tried to make the comparison. We must now study the point, when it is indicated. In such a treacherous disease as cerebro-spinal meningitis is, we cannot have too many weapons of defence, which, as Lange says, *restore to the affected organs the integrity of their resisting power, and thus health is restored.*

SUNNY MEMORIES OF A YOUNG PHYSICIAN.

BY GEORGE B. PECK, M.D.

(Read before the R. I. Homœopathic Society, January 2, 1885.)

HAVING directed your attention upon previous occasions to some of the misfortunes of a young practitioner (for every death certificate injures some physician), I may be permitted to turn to brighter scenes, for they will also teach important

lessons. The cases I shall recount, are selected simply because they are those which most prominently characterize my first five years of practice, and because their recollection ever excites a quiet smile. Their favorable termination has been the occasion of profound rejoicing, but *never* of self congratulation. The only ground upon which a homœopathist can justly pride himself, is the degree of his conformity to the law he professes to follow, the administration of a single similar remedy in the smallest dose capable of effecting a cure in any given instance. That is the true measure of success, and by it each one can readily gauge his own attainments. Should it seem as if the writer had forgotten his principles in the treatment of any case reported, he trusts that the importance of *entailed condition* will be remembered in the hour of criticism.

On Wednesday, June 23, 1875, I was called to see Miss McC., aged 12 years. Early that morning her feet began to swell, and long before noon the skin was so tense she could neither stand nor endure the slightest pressure upon them. Moreover, severe burning pain was experienced until within half an hour of my arrival, when a feeling of tension displaced every other sensibility. On Monday she had visited the Rhode Island Hospital (allopathic), where she was treated for diphtheria with escharotics and equally heroic medication. The urinary excretion had erewhile been diminished. I left two doses of *Nux vomica* 3^x, the first to be taken at once, the second in one hour; also *Apis mellifica*^{cc} pellets dissolved in two-thirds of a glass of water, two teaspoonfuls of which were to be taken every subsequent hour that day and every alternate hour on the next.

On the 24th I found the swelling had disappeared almost entirely from the right foot, but the toes of the left were still tightly distended and extremely sensitive. Removed the solution of *Apis*^{cc}.

On the 25th there were but slight traces of swelling in the left foot and no pain. Replenished the glass of medicine and bade her ladyship good-bye. Six months after I learned she went to work the next Monday and had enjoyed perfect health since.

It is pertinent now to inquire what considerations prompted the above treatment, and why should it be considered efficient. All must be aware that the first remedy was selected solely to antidote previous drug treatment; as it was administered in material quantities none can criticise the attenuation, though most may suggest that less might have answered. The second

was selected symptomatically and for the purpose of restoring the deranged functions of my patient's system in accordance with the formula *Similia similibus curantur*. Now this formula expresses a fact or an untruth. But the accuracy of the principle was never questioned until men began to utilize it—to apply it in their attempts to relieve suffering. So long as it remained in the realm of speculation all acknowledged its right of existence. Now if that expression was ever true, if it is not absolutely false, it expresses a law—that is “the constant and regular mode of order according to which an energy or agent acts or operates” (Worcester), and if a law, then the law for it indicates “the constant and regular mode” in “which an energy or agent acts or operates.” Thus of necessity we hold that in this ancient dogma is taught the *only* way “to subdue or remove by remedial means,” that is by “medicines or applications which put an end to disease and restore health” (Webster). The impregnability of this position is revealed by these two facts: first, that no other principle has been formulated which can endure for an hour the test of practical application, still less the test of strict logical analysis; and second, that the willing testimonies of thousands of practitioners representing nearly a century of time and every country under the heavens, no more certainly, however, than the extorted confessions of greater thousands in every age and clime, proclaim its availability and its truth.* Upon the reliability of such a guide I may be permitted to repose implicit confidence until one more trustworthy shall be provided.

“But why did you select the two hundredth attenuation?” I hear some one sneeringly inquire. To see what I could do. “But you used no medicine; you might just as well have given the cold water without the pellets; the result would have been the same.” *Perhaps!* Every sensible physician of every name desires to use as little medicine as is necessary to effect a cure. How small is that quantity? It varies with the drug and with the patient; none *do* know—*can* any one accurately ascertain? Only a little more than a year since an eminent allopathic physician in this city, recently deceased, broached to one of the founders of this society an astounding discovery. “Do you know,” said he, confidentially, “that the tincture of Cantharides in thirtieth of a drop doses will relieve strangury?”

* Equally certain is the necessary corollary of that law, if prompt and marked relief is witnessed in any case after the administration of the similar remedy, it is perfectly legitimate to claim the benefit as the result of that ministrations irrespective of the form in which said remedy was exhibited.

Remarkable, isn't it?" "Why," replied the homœopath, "I knew better than that thirty years ago! I knew a three hundredth of a drop would do it!" "Wonderful!" rejoined the allopath, "I can't understand it!" Some three or four years ago a member of the American Institute remonstrated with me for accepting reports of alleged cures effected with attenuations higher than the 3^x, on the ground that every one knows they contain no medicine, but since then Prof. J. Edwards Smith has exhibited gold buttons recovered from assays of the 6^x and 8^x triturations of Aurum! When, in 1869, I wended my way to the Hahnemann College of Philadelphia, it was with the idea that the 3^x is a very proper preparation to use, that 6^x and 12^x are respectably high, and that the thirtieth is "potentized moonshine." Imagine then my amazement upon finding the remedies dispensed at Martin's medical clinic every Wednesday and Saturday were taken from a case of Boericke and Tafel's CCs. Perhaps I did not watch the cases with a critic's eye! No student at the Jefferson or the University was more skeptical than I, and when on New Years' day, 1870, Messrs. B. & T. sent up a box of their newly prepared Ds, my eyes opened wider than ever—yet I kept them at their work. I cannot pause to cite cases—it would be useless—but will simply remark, that a child needs not to witness a very protracted thunderstorm before concluding that lightning has something to do with thunder, and that thunder is somehow related to lightning. Though subsequently he should semi-occasionally observe noiseless flashings of electricity, and hear repeated thunderings unaccompanied by the faintest glimmerings of light, he will never dissociate the two nor question their relationship.

Despite all this testimony, however, I was skeptical. Those sugar pills will do well enough for *such* folks, but they would have no effect on *me*! On a certain day, however, I chanced to fall sick. If a person is prone to any given physical infirmity, none can tell more quickly than he when relief is afforded in any given illness. I had been subject to violent attacks of diarrhoea for a quarter of a century; one overtook me there. Arsenicum album was my specific, but I had no medicine with me. Like most medical students I had no superfluous cash to disburse at the pharmacy when my instructor's cases were available, therefore I sent to the nearest professor's office for a few powders. He sent some bearing the magic letters CC. Much to my disgust I soon found myself compelled to admit that those little pills had power even over

me, and that the disorder was quelled more promptly and more effectually than ever before. I was compelled through common honesty to cease my slurs though much against my will.

But I hear one remark, "This all amounts to nothing; clinical tests are worthless; physiological tests are the only ones that can stand the requirements of science." Excellent! They are not wanting. My return to the summer course of 1870 was delayed by a desire to exercise my franchise in a closely contested election. Upon joining my mates around Malcolm Macfarlan's office table, they commenced telling wonderful tales of their experiences with Fincke's potencies. It seemed that Dr. Hering had given Prof. Macfarlan various specimens of drugs with fanciful exponents received by him directly from the manufacturer that he might test their efficacy. Dr. M. wisely issued suitable rations among his private students, and, instructing them as to the proper method of taking them, ordered them to report in due season the remedy issued. He meanwhile observed their objective symptoms and listened to their intercommunings, but in no instance by look or word did he impart aid. He would not inform them even whether their powders were similar or dissimilar. When they were ready to state the drug he demanded the name, and informed them as to the accuracy of their investigations. Rarely did any find a second attempt necessary. However, I laughed their tales to scorn, and boldly affirmed I would eat a ton of Fincke's preparations. Dr. Macfarlan asked, "Will you really take a powder to try?" "Certainly, as many as you wish!" was my response. He promptly folded up a paper, placed therein twenty-five or thirty of the tiniest pellets I ever saw, and ordered me to dissolve them in a goblet of water and take a swallow or two every time I entered my room. I promised to carry out faithfully his instructions. On the afternoon of the next day, I began to notice an oppression of the chest and certain pains suggestive of pleurisy. These increased so rapidly, that in the evening I lost my temper, and exclaiming, I came to study medicine not to prove it, drank the remaining contents of the goblet to save them. At the same time I expressed my perfect willingness to admit Fincke's potencies have any power likely to be claimed for them. When dressing next morning, Ira B. Cushing, now of Brookline, Massachusetts, said to me, "Peck, what's the matter with your face?" "I don't know," said I (it wasn't feeling just right). "Look in the glass!" was the rejoinder. I looked, and was at once struck with its beauty: it appeared

as if a myriad of ants had just breakfasted therefrom. "I don't know what that means," I remarked, doubtingly, "I never had any eruption of that sort before." William E. Barrows, now of various locations, spoke up, "Guess that must be the medicine!" "Guess it is," I continued, "I never was this way before." I may add, I have not been that way since. Investigation of the eruption as the most characteristic symptom of the proving, showed it might have been produced by three drugs, but a careful comparison of their chest symptoms showed that but one could possibly have effected that combination.

At the noontide recitation Barrows informed the preceptor that Peek was ready to report. "What is the remedy I gave you?" said Macfarlan. "Antimonium crudum!" was the prompt reply. "Correct," said the master. He subsequently informed us it was the 30 M. The effects of the drug were manifest two or three days.

Five years earlier it was my good fortune to make another physiological experiment. I chanced to be standing on Virginia soil precisely in the direction a Johnny Reb was going to shoot, and considerably less than a hundred and fifty yards from the muzzle of his rifle. The result was a hole four inches long through the fleshy part of my side. But strange is human nature! While the results of these experiments were equally conspicuous to the beholders, and equally uncomfortable to their victim, the second statement will be accepted by all, the first but by few. For myself a single test in either direction is perfectly satisfactory. Doubters are welcome to try them both. Upon this foundation I base the use of any attenuation above the 12^x: practically but in a single instance have I advanced beyond CC.

[To be continued.]

PROVING OF CHRYSOPHANIC ACID.—X. Y., in good health, except a slight chronic irritation at the roots of the eyelashes, annointed the eyelids at 6 P.M. with a cerate made with petroleum nine parts, chrysophanic acid one part. At 8 P.M. he felt a smarting in the conjunctiva, made worse by reading. Next morning, he could not open the eyes without great pain. The photophobia lasted for more than a week, reaching its culmination on the third day, and then gradually declining. The slightest exposure to light produced a throbbing in the face. The eyeballs were tender, the pupils contracted, the conjunctivæ slightly congested, and there was a slight febrile disturbance. After disappearance of the photophobia, he complained of annoying persistence of visual images, so that objects were seen for minutes or hours after the closure of the lids.—*Medical Counsellor*, September 1, 1885.

[January,

THE
HAHNEMANNIAN
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.


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BUSHROD W. JAMES, M.D.

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No. 1.

 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE DECEASE OF DR. E. A. FARRINGTON.—To many of our readers, it will doubtless be a painful surprise to receive this first number of the New Year bearing, as it does, the symbols of sorrow. Dr. Ernest A. Farrington, who for the past six years has been the Contributing Editor of the HAHNEMANNIAN MONTHLY, has passed beyond the sphere of earthly labors, in which he had won such signal triumphs, and has entered upon his higher existence and the rewards of the Heavenly world. For a whole year, his health had been such as to unfit him more or less for his professional labors, but it was only after his return, last summer, from a visit to Europe, that his unimproved condition began to excite grave anxiety among his professional associates. His disease progressed steadily, and, on the 17th of December, 1885, he passed quietly and peacefully away.

The portrait, published in this number, is a striking and faithful likeness of Dr. Farrington, as he appeared some two

years ago, and when in full health and vigor. The engraving is by Snyder, from a photograph by Chillman. The brief sketch of the deceased was prepared, at the express request of the Hahnemann Club, by Professor Korndorfer, who enjoyed a more intimate association with him, and who is, perhaps, better qualified to understand and appreciate his character and professional services, than any one else. The preparation of the Memorial notice has been, to Dr. Korndorfer, a labor of love, and yet we do not think that his warm friendship for, and admiration of his departed colleague has led him to make any statements more laudatory than the facts will justify.

Of Dr. Farrington's editorial relation to this journal, it is but just that we should speak in terms of the highest praise. His "Studies in Materia Medica," we have reason to believe, were enjoyed heartily by almost all his readers. He was exceedingly sensitive, however, lest some might think it immodest in him thus to occupy so large a space in the journal pages, and his articles were finally discontinued, spite of our earnest protest, chiefly on this account.

Dr. Farrington watched the growth of our homœopathic literature with jealous interest. While never censorious, he yet insisted that so-called "homœopathic" books, and especially those intended for medical students, should be kept as free as possible from the loose and misleading doctrines and precepts of old-school practice, and that whenever it was found necessary to cite old-school methods of treatment, their exact influence and precise values should be so clearly defined that no one could fail to distinguish between their mere alleviative or temporizing effects and the curative efficacy of true homœopathic medication. Moreover, he insisted that our literature should, as far as possible, be freed from blemishes in authorship, and in mechanical execution, and thus made to reflect the highest attainable honor upon the new school of practice. It was largely because of these views, that he rarely found himself able to review a publication without criticising it unfavorably in some one or more particulars.

In the editorial management and conduct of the HAHNE-MANNIAN MONTHLY, Dr. Farrington's influence always leaned toward a conservative policy in all matters except those affecting the purity of homœopathic doctrine and practice. Upon questions as to the proper attitude of the journal respecting vital professional issues, his counsel and suggestions almost invariably commended themselves as wise and prudent, though

to those questions which have recently agitated the old-school profession, he seemed to attach but little importance.

During the last year of our distinguished colleague's earthly life, his rapidly failing health prevented him from taking any active part in journalistic work, though his interest in the usefulness of the *HAHNEMANNIAN* continued to manifest itself in his conversation. His actual labors during those last twelve months were restricted to the examination and review of a few publications and certain other matters of relatively minor importance. His influence, however, is indelibly impressed upon the six volumes that have been issued under his partial supervision; an influence that, so far as possible, ought to be perpetuated and propagated through the coming years.

The only comfort we can draw from the early departure of our distinguished colleague, is in the knowledge that his professional career was eminent in usefulness and full of honor; in the hope that his analytical and logical methods of study and of teaching may find numerous imitators, and in the full belief that upon laying down the work of a faithful professional and religious life here, he has entered into a realm of untold light and knowledge and blessedness. Aside from this comfort, his removal from our midst, ere yet he had reached the noonday of his intellectual power or the zenith of the fame and usefulness that his earlier life gave promise of, brings only the sense of poignant regret. To our human shortsightedness it seems as if a greatly needed life had been cut off before its Heaven-intended work was done. Some of us had for years looked forward to the time when a "Text-book of *Materia Medica*" from his almost unrivalled pen, should make the study and application of his favorite science vastly more delightful and efficient than it had ever been. That work, however, was not begun; we do not know that it was even thought of. Perhaps he was waiting for the still broader and deeper insight, the more comprehensive grasp that further years of study and observation might give him, before attempting a task on which there depended so much of weal or of woe to the human family and so much of efficiency or of discredit to his own loved profession. His book remains unwritten, and the world knows not what it lost, when it lost—FARRINGTON.

A DANGEROUS NEW YEAR.—Have any of our physicians forgotten that at the last meeting of the American Medical Association it was determined to make, during the coming

year, an effort to secure legislation establishing medical licensing boards in all the States wherein such boards do not already exist? Such was the fact; and the movement is already well organized and well under way. We *must* prevent any and all legislation which proposes to place the licensing of homœopathic physicians, either wholly or partially, in the hands of allopathists; and that is one of the principal objects of the movement. The men who hold it a crime to consult with homœopathists pretend to be perfectly ready, and even anxious, to participate in the work of licensing them to practice. Shall we allow ourselves to be deceived into a support of such measures, or lulled into fancied security by the provision which requires a certain proportion of the licensing boards to be composed of homœopathists? We wish our readers would kindly keep us informed of the progress of the movement in each State, and of the means employed to prevent the crime from being consummated.

AN EIGHTY-PAGE NUMBER.—It will be observed that this number of the HAHNEMANNIAN contains sixteen pages in addition to the usual sixty-four. These added pages were found necessary in order to place before our readers the usual amount of original contributions, and at the same time to present the Memoir of our late contributing editor, Dr. Farrington.

We may be allowed to say that all the important contributions now in hand will be issued, so far as is possible, in regular order. We have in type interesting articles by Drs. Morgan, Winslow, Bigler, Fornias, Peck, and others, all of which will appear in the February issue. There are also several book reviews which, to our great regret, we are forced to defer until next month.

FARRINGTON'S LECTURES ON MATERIA MEDICA.—Our readers will doubtless be glad to learn that we expect, during the coming year, to publish phonographic reports of several lectures delivered by Professor Farrington, upon specially prominent and useful remedies. The first of these (upon "*Apocynum and Gelsemium*") will be found in the present number. These "Materia Medica Talks" will, alone, be worth more than the whole cost of the journal for the year.

Notes and Comments.

SMALL-POX.—One outbreak of small-pox, directly traceable to the Montreal epidemic, was promptly suppressed by the vigorous action taken by the Wisconsin authorities. A second outbreak, coming from the same source, has recently occurred in that State.

A LITTLE ADVICE, to the two Schools, to adopt more friendly relations, is timely.—*Nashville Union*.

Preaching to "the under dog" again! Kick the aggressive allopathic bloodhound into his own kennel, Mr. *Union*, and make him stay there and mind his own business, and then your "advice" will not be needed.

THE ALLGEMEINE HOMŒOPATISCHE ZEITUNG reviews Dr. Edwin M. Hale's "Lectures on Diseases of the Heart," in a very pleasing manner. It devotes nearly thirteen columns to its consideration. The remarks begin as follows: "This noble work, which is published by F. E. Boericke, of Philadelphia, and which has reached the second enlarged edition, has, for its author, a man who is perfectly at home in this subject, as heart disease is his specialty. He is also Professor of Materia Medica in the Hahnemann Medical College, Chicago, and gives special consideration to the new remedies. He has already made for himself a name as author of *New Remedies*. We have here a truly classical production from his pen."

THE COST OF HATING A HOMŒOPATHIST.—A recent issue of the Indianapolis *Sentinel* has the following:

"In the Federal court, yesterday, Dr. H. W. Taylor, of Terre Haute, was given a verdict for \$10,000 damages against Dr. H. J. Rice, of Rockville, the case having been on trial for two weeks, and the jury returning a verdict in fifteen minutes after leaving the court-room for consultation. About two years ago, a Mrs. Nevins, of Parke County, died from supposed criminal practice, and, at the instigation of Dr. Rice, Taylor was arrested and indicted for the crime. Nothing was proved against him on the trial, and he was acquitted. He then brought suit against Dr. Rice for malicious prosecution, with the result indicated."

Dr. Taylor is a well-known and prominent member of the homœopathic profession, and, as we learn from the *Nashville Daily Union*, "his medical belief seems to have brought upon him the vindictive persecution of his old-school rival, Dr. Rice."

New Publications.

RATIONALISM IN MEDICINE. By William Thornton. Published by the Author.

An egotistical presentation of ideas that might have been accepted before the flood. The only apparent object the author could have in writing the book is as an advertising venture.

TRANSACTIONS OF THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY; EIGHTH AND NINTH ANNUAL MEETINGS.

This volume contains seventeen papers, thirteen of which are on ophthalmic subjects. These are remarkable for their shortness. The four

papers on aural diseases occupy more space than the thirteen above referred to. Carefully searching the volume through we fail to find reports of discussions on the papers. The omission of these is a great mistake. The value of a society to its members consists largely in the interchange of opinions among those present at the meetings.

ELEMENTS OF MODERN MEDICINE. By R. French Stone, M.D. New York: D. Appleton & Co. 1885.

This is a neat little handbook bound in limp-morocco with pocket and tuck after the style of physicians' visiting lists. It aims to present the elements of general pathology and materia medica and therapeutics, in a compact form. The author claims no originality for the book beyond that due him for its arrangement. The work will occupy among old-school practitioners the field covered by Johnson's *Therapeutic Key* among homoeopaths.

LECTURES ON THE PRINCIPLES OF HOUSE DRAINAGE. By J. Pickering Putnam, Architect. Boston: Ticknor & Co. 1885.

The subject of house drainage is one, the importance of which ranks so high, that any work presenting new and important matters relating to sanitary plumbing can scarcely fail to be of interest. The material of which the book under review is composed, originally appeared in the form of lectures, published in the *Boston Medical and Surgical Journal*. The subject matter presented is divided into three parts. Part I. treats of traps, their siphonage, evaporation, etc.; Part II., of lavatories, waste receptacles and their attachments; Part III., of soil and drain pipes, the methods of joining them and the arrangements for their ventilation. Seventy cuts have been introduced to elucidate the text. Defective apparatus and methods are criticised without fear.

AN ATLAS OF CLINICAL MICROSCOPY. By Alexander Peyer, M.D. Translated and edited by A. C. Girard, M.D. First American from the Manuscript of the Second German Edition. New York: D. Appleton & Co. 1885.

When abroad during the summer of 1884, Dr. Girard's attention was attracted to Dr. Peyer's *Microscopie am Krankenbett* by reading a very favorable review of the work in a German medical journal. He purchased the book. He examined it thoroughly. The methods of dealing with the subjects therein treated, and the execution of the plates were such that he thought a translation and republication of the work in this country would supply a want in American medical literature. He visited Dr. Peyer and induced him to prepare fifteen additional plates for the American edition.

So much for the history of the book before us. Now for the matter contained within its pages. The title of the book, *Clinical Microscopy*, well explains its character. It is a book which treats of the use of the microscope in general practice. All matters pertaining to microscopical technique are omitted; in it, clinical observations only, find place.

The chapters on the clinical microscopy of the blood and of the milk are short. We think that they might have been longer (especially that on the blood), with advantage to the work. Three plates, each containing four cuts, illustrate these chapters. Chapter III., which is, by all odds, the longest in the book, is devoted to the microscopy of the urine; and we may say concerning it, that it is the most masterly exposition of the subject that it has ever been our good fortune to review. It is the custom of authors to illustrate only that which is pathological. The fact that a thorough knowledge of the normal must be obtained before the abnormal can be recognized is completely lost to mind. In handling his subject, our author follows a logical order. Beginning with a demonstration of the microscopical appearances of those substances which *may* appear in the urine in perfect health, he carries his reader from subject to subject until he illustrates only that which is pathological. The various salts contained in urinary deposits, the urates of sodium, ammonium, and potassium, the oxalates and the phosphates are pictured in a manner not heretofore attempted in this country.

While treating of the subject of tube-casts, the author expresses the opinion that hyaline casts are not positive evidence of organic disease of the kidney, as they may be caused by the coagulation of the albumen contained in the urine. He claims that they may be found in the urine of many cases of fever, although the kidneys be absolutely sound. The microscopic appearances of the urinary sediments in diseases of the kidneys, bladder, and urethra are each in turn considered. The plates illustrating these subjects are all true to nature. The actual appearance of the field as seen under the microscope is faithfully portrayed.

Spermatorrhœa is treated of at some length. The author believes this disease to be of more common occurrence than is ordinarily supposed. He ascribes the failure to recognize the disorder to lack of care in making urinary examinations. Whenever there is a suspicion of spermatorrhœa in one of his patients, he directs him to bring (1) several vials of the ordinary day urine, (2) several vials of morning urine, (3) vials containing the last few spoonfuls of urine voided while straining at stool. If spermatozoa be present in the urine, they will not fail of discovery by the microscope, if the above directions for the collection of urine be followed.

The author observes the occasional appearance of hyaline casts in the urine in cases of spermatorrhœa. Four times has he met with these "testicle cylinders." Each time the possibility of a renal origin for the casts was most carefully excluded.

The microscopy of the expectoration receives the same systematic consideration as that of the urine. Of course, this subject is not so fully treated as that which precedes it, for the possibilities of microscopical investigations in this direction, have not yet been fully realized. The author is firmly impressed with the importance of the presence of Koch's bacilli as evidence of the existence of tuberculosis: "No bacilli, no tuberculosis," he says.

The use of the microscope in cases of blood-spitting is recommended as a

means of determining the source of the hæmorrhage. The clinical value of the microscope in cases of cough is well illustrated on page 260, where the author describes a case of abscess of the liver discharging through the lung. The microscope revealed the presence of leucin and tyrosin in the expectoration.

The chapter on the microscopy of the intestinal contents is necessarily brief. It consists merely in descriptions with illustrations of the various parasites and their ova, found in the intestinal canal. This subject is one which offers unusual opportunities for original research. It is one which, for reasons obvious to all, has not received the attention its importance demands. By microscopic examination of the stool it is possible to determine the nature of those alimentary principles which fail of digestion. Thus may the use of the microscope aid us in the selection of the proper diet for our patient.

Taking the book as a whole, we can only pronounce it one of unusual merit. It is strictly practical throughout. The plates, ninety in number, are of the finest workmanship. The publishers have evidently spared no expense in bringing out the work. They should be rewarded by a large sale of the book as showing the appreciation on the part of the profession of the efforts of Appleton & Co. to present them a valuable book at an exceedingly low price.

A TREATISE ON THE BREAST AND ITS SURGICAL DISEASES. By H. I. Ostrom, M.D. Second Edition. New York: A. L. Chatterton & Co. 1885.

The first edition of this work appeared eight years ago. So much has been added that the volume is now more than twice as large as it was formerly. It treats of normal development, anomalies in development, and the diseases of the breast and nipples, with their medical and surgical treatment. Perhaps most practitioners not especially interested in biology, would have found it just as valuable if some of the matter incorporated in the present edition had been left out, as it seems in some instances to be foreign to the subjects referred to. One would naturally turn to some other work than a treatise on the breast for a description of the generation of tape-worms; but considerable space is devoted to this subject in order to illustrate the development of the larvæ tania echinococcus in this organ. Thus it will be seen the treatise aims to be thorough and complete. No very great prominence is given to the medical treatment of the diseases of the breast in the body of the work, but a few prominent medicines are mentioned as being most frequently required for the several affections. We miss Bell. and Bryonia from the list of those for inflammation of the gland, but they are mentioned in the repertory, and also in the chapter on special therapeutics which forms a very valuable feature of the work at the end of the volume.

B. F. B.

THE USE OF THE MICROSCOPE IN CLINICAL AND PATHOLOGICAL EXAMINATIONS. By Dr. Carl Friedländer. Translated, with the permission of the author, by Henry C. Coe, M.D., M.R.C.S., L.R.C.P., London. New York: D. Appleton & Co. 1885.

The fact that two well-known publishing houses bring out about the same time translations of Dr. Friedländer's work is good evidence of its popularity in the original German. It is a useful guide book for study by those who use the microscope in clinical, pathological and diagnostic examinations. The author aims to give a concise description of the processes now in use in pathological, histology and the more recent methods of research adopted by the expert explorers in the field of vegetable parasites. He has given in the second German edition, through the kindness of Dr. Gramm, of Copenhagen, drawings on the scale of 1 to 1000 a comparison plate composed of the principal characteristic pathogenic Schizomycetes, consisting of: 1. Pyæmia; 2. Tuberculosis; 3. Typhoid fever; 4. Relapsing fever; 5. Anthrax; 6. Putrefaction; 7. Gonorrhœa; 8. Pneumonia; 9. Erysipelas. The book contains many hints calculated to save the examiners time in their explorations.

B. W. J.

A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN. By Alfred Vogel, M.D. Translated and edited by H. Raphael, M.D. Third American from the Eighth German Edition, Revised and Enlarged. Illustrated by Six Lithographic Plates. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1885.

This is quite an exhaustive volume upon the subject of maladies incident to childhood. A very important chapter is given on diseases of the nervous system, beginning with acute hydrocephalus, the pathology of which, the author says, consists of miliary tuberculosis of the arachnoid, and principally that portion of the membrane located at the base of the brain, by which the normal fluid of the ventricles is considerably increased in quantity, the pressure of which causes a softening of those portions of the brain composing the walls of these cavities. Out of more than fifty cases which the author himself dissected, he did not find one that was not depending on a tubercular condition in these acute cerebral dropsies.

Then he treats of meningitis simplex, a disease which occurs with equal frequency in adults and in children. From the fact that the adjacent portions of the brain contiguous to the meninges almost invariably become involved to a certain degree, clinically this inflammation of the cerebral substance cannot well be distinguished from the simple inflammation of the meningeal covering.

Under the chapter on diseases of the digestive apparatus, he gives, in the first place, those relating to the mouth, including the signification of a coated tongue and difficult dentition. Parotitis receives a section; also the pharynx and œsophagus. Another and a very valuable one on the stomach and intestinal canal is given, one on the liver, one on the spleen, and another on the peritoneum. Under a coated tongue he notices the fact that nurslings have a white coated tongue for weeks in their early life with-

out any manifestation of diseased conditions of the intestinal tract. He refers to *pityriasis lingus*, consisting of little white islands, circles, or semi-circles on the normal rose-red tongue due simply to an accumulation of epithelium cells. Transverse fissures on a smooth red tongue which cannot be removed by cauterization are frequently found in atrophic children, but in older children the furred tongue of typhus and scarlet fevers, measles, etc., has the same character as in adults, but he does not place much stress on the diagnostic value of these coatings.

We hoped to find more attention given to intestinal and bronchial catarrhs, both very troublesome diseases in infants at certain seasons of the year.

He notices the blennorrhœic affection of the conjunctiva, which manifests itself in the eruption of the upper cuspid and incisor teeth; the discharge, inflammation of the lids and their infiltration and swelling all simulate the ophthalmia neonatorum, but the discharge is not so yellow, thick, or purulent, and has a more shreddy mucous appearance, like an ordinary nasal catarrh, or convalescent case of the same. The lids are eroded, and on examining the eye-teeth you will find a redness, swelling, and sensitiveness of the upper jaw in the neighborhood of these forthcoming teeth. He suggests that as the floor of the Highmorian cavity is only about the thickness of paper, and as the conjunctivæ are directly connected through the lachrymal sacs and nasal passages with the mucus lining of the antrum, it is easily understood how this inflammation travels from one portion of a mucous membrane to another. He never tortures such cases with local cauterizations, but uses a cotton cloth coated with simple cerate or ung. zinci, and over this cotton pad a loosely filled bag of warm bran. The cerate is removed every two hours, and a soft sponge dipped in warm water used, and then the cerate reapplied, and under this management the œdema subsides in a few days, when the warm bags are discontinued.

Six plates with a number of cuts of considerable explanatory value follow the index at the end of the volume.

The book is well written in a clear and terse style, and is filled with good suggestions.

B. W. J.

Gleanings.

DECOCTION OF LEMON IN THE TREATMENT OF GONORRHOEA.—Mannius, in the *Annales de Syphiligraphie*, recommends the decoction of lemon in the treatment of gonorrhœa, holding it to be the best parasiticide of the gonococcus. His observations are conclusive though not numerous. The remedy may be applied during the acute stage, and but a very few days elapse until the condition begins to improve. The decoction should be prepared with three good lemons, neither too green nor over-ripe, cut in small pieces and put in about ten ounces of water, contained in an earthen vessel. Gentle heat should be applied until one-third of the quantity remains; the solid portion is rejected, and the remainder used for injection. The number of injections should be from three to four daily, and only a fresh preparation used, a new decoction being made every two days.—*Medical News*, November 21st, 1885.

EPILEPSY CAUSED BY DENTAL CARIES.—Dr. Liebert reports, in the *Deutsche Medic. Wochenschr.*, three cases of epilepsy (one in its initiatory stage), which all showed a remarkable aura, viz., one beginning with a cramp or involuntary movement of the tongue. All three cases were promptly and permanently cured by the extraction of a decayed tooth, which in every instance had been the source of irritation. Liebert recommends, consequently, a careful inspection of the teeth in all cases of epilepsy which are characterized by this peculiarity in regard to their aura.—*Therap. Gaz.*, November, 1885.

NEW SURGICAL DRESSING.—For some time past, Dr. Robert Park has been using, for the dressing of sores and ulcers, a powder composed of burnt *Kieselgühr* and Iodoform, to which a varying proportion of Eucalyptus oil or other odorous substance is added (*Practitioner*, September, 1885). *Kieselgühr*, it may be mentioned, is a diatomaceous earth, and is otherwise known as white peat. When this is burnt in a furnace, an extremely light powder is the result, composed entirely of inorganic ash, varying in color from pure white to a pinkish tint. It is extremely absorbent and antiseptic. As a diluent for Iodoform, it has no equal, and as it is much cheaper than the latter, it is economical in use. For insufflation it is admirably adapted, owing to its lightness and absorbent powers, and it has been thus prescribed in naso-pharyngeal affections, and in gynæcological practice. Upon the whole, he has been well satisfied with the results. For cases of chancreoid it is better adapted than Iodoform alone, in the proportion of equal weights. In this form, indeed, it is adapted for dressing either the soft or the hard sore. As a dusting-powder in erysipelas, erythema, and eczema, its advantages over starch and other powders are owing to its great power of absorbing moisture; but its extreme lightness is against its use alone for this purpose. Mixed thoroughly with absorbent cotton-wool, it adds greatly to its absorbent power, and furnishes it with detergent and antiseptic qualities. In this manner it forms an excellent elastic dressing for boggy ulceration.—*Therapeutic Gazette*, November, 1885.

UNUSUAL EFFECT OF COFFEE.—At a meeting of the Biological Society of Paris, Brown-Sequard stated that in addition to the well-known effects of intoxication from coffee, he has observed aural and vulvar pruritus. The cause and effect were clearly established; the symptoms increased and decreased, according to the doses administered.—*Brit. Med. Journ.*, November 14th, 1885.

EPIDEMIC OF GOITRE.—Dr. D. W. Hand reports an outbreak of goitre at the Minnesota State Reform School. Out of 140 boys, goitre appeared in 44 within two weeks. Of 19 girls, in a separate building, one-fourth of a mile distant, but one had goitre, and she had it before entering the school. The water supply could have nothing to do with the trouble, as all received the same water. No possible cause could be assigned for the epidemic. All the cases recovered under the Iodine treatment within three months.—*Northwestern Lancet*, November 15th, 1885.

SUCCESSFUL CÆSAREAN SECTION AFTER THE DEATH OF THE MOTHER.—Dr. J. Mack Hays reports the case of a woman pregnant eight and a half months, who was suddenly seized with apoplexy, from which she died in a few hours. Dr. Hays was present when she died; he began the operation within a very few minutes after death, and delivered a healthy male child. It was the patient's fourteenth pregnancy. All her children are living.—*N. Y. Med. Record*, November 21st, 1885.

SUTURE FOR THE APPROXIMATION OF DEEP WOUNDS.—Dr. R. J. Levis has devised a new suture for the approximation of the deeper parts

of a wound. Taking an amputation wound for illustration, to approximate the flaps, he takes an ordinary silver wire armed at each end with a straight needle, introduces one needle into one flap at the bottom of the wound, and brings it out about half way between the angle of the wound and the edge of the flap. It is then carried across the wound and through the opposite flap. The second needle is then carried through in the same manner. A figure of 8 is thus formed; when the ends of the wire are drawn upon, the deeper portion of the wound is approximated. The superficial portions of the wire are then carried across the wound and bring the edges together. Superficial sutures are also introduced. This suture is particularly applicable to the closure of wounds after the removal of large tumors of the breasts; where the axillary glands are also removed as many of these sutures should be inserted as may be necessary.—*Phila. Med. Times*, November 14th, 1885.

CHRONIC CONJUNCTIVITIS DEPENDENT UPON DISEASE OF THE INTRA-NASAL TISSUES.—Dr. N. R. Gordon calls attention to a form of conjunctival disease which is dependent upon chronic inflammation of the intra-nasal tissues. Observation has taught that irritation affecting the ocular mucous membrane is reflected to the nasal mucous membrane, and *vice versa*. The conjunctival disease in question is chronic inflammation of the conjunctiva and the connective tissues, accompanied by increased thickness of the membrane, especially of the palpebral portion, which is very slightly roughened, giving it somewhat the appearance of trachoma in a mild form. The tarsal cartilages, tarsal glands, and ciliary follicles are more or less involved, with marked lachrymation and photophobia; pain is sometimes intermittent, more severe in afternoon. There is, however, no reliable diagnostic symptom to distinguish between the idiopathic and sympathetic form of chronic conjunctivitis, that is, from the examination of the eye alone, but the diagnosis may be determined by the coexistence of disease of the intra-nasal tissues. This disease of the intra-nasal tissue is usually a chronic hypertrophic rhinitis. In order to treat the eye trouble successfully attention must also be directed to the nasal cavity.—*Journ. Amer. Med. Assoc'n*, November 14th, 1885.

HEREDITY IN THE ETIOLOGY OF TUBERCULAR PHTHISIS.—In a paper read before the New York State Medical Association, Dr. Didama stated that from the statistics furnished by insurance companies, it appeared that the majority of cases of phthisis occurred in persons whose parents had not suffered from the disease. The following were his conclusions: 1. That tuberculous disease was not inherited. 2. That if a special tendency to the disease was transmitted, the term liability better expressed the idea than the term tendency. 3. That many conditions, such as poor and insufficient food, damp and impure air, stunted sunlight, and certain occupations, favored the development of the disease. 4. That two conditions were almost indispensable: abundance of bacilli and an inviting asylum for their development, whether the susceptibility was inherited or acquired. In the discussion which followed, Dr. Rochester, of Buffalo, said that he had made an autopsy on an infant dying when three weeks old. He found one lung crammed with miliary tubercles, and in the other there was a cavity the size of a hickory nut. The mother was healthy; the father had died before the baby was born. In another case in which the father had died before the birth of the child, and the mother was a healthy woman, the child died at eighteen months, having had for a long time before death every indication of pulmonary phthisis, and, for a short time, of tuberculosis of the vertebræ. He, therefore, could not help believing that phthisis was sometimes hereditary.—*N. Y. Medical Journal*, November 21st, 1885.

THE ACTION OF STROPHANTHUS HISPIDUS.—Prof. Fraser's observations respecting the action of *Strophanthus* have covered a period of fifteen years. This plant belongs to the natural order of the *Apocynaceæ*, and it is widely distributed through equatorial Africa. The seeds are very active, and when coarsely ground and formed into a paste, constitute the poison with which arrows are smeared. In examining the chemical properties of the seeds, Fraser early separated a crystalline body, having a strongly bitter taste, readily soluble in water and in rectified spirit, and practically insoluble in ether, chloroform, benzole and petroleum spirit. This substance he called *Strophanthin*. The action of this *Strophanthin* is essentially the same as that of the seeds themselves. *Strophanthus* is a muscle poison; however introduced into the body, it increases the contractile power of all striped muscles, and renders their contraction more complete and prolonged. In lethal doses, it destroys besides the capacity of the muscle to assume the normal state of partial flaccidity, and causes the rigidity of contraction to become permanent and to pass into the rigor of death. As a result of the action on muscle, the heart is early and powerfully affected. It is affected more than any of the other striped muscles. Its action is very similar to that of *digitalis*. The systole of the heart is increased and its contractions are slowed by small doses; it is paralyzed in a condition of rigid systolic contraction by large doses. This action on the heart is accompanied by a rise in the blood-pressure, and by an increased secretion of urine. In using *Strophanthus* in disease, Fraser administered it as a substitute for *Digitalis* in those conditions in which that drug appeared to be indicated. He related the histories of several cases treated with *Strophanthus*, of which the following may be taken as a type: Patient æt. 43, suffered from dyspnœa, cough, and œdema of the feet. The difficulty of breathing was so great that he could not lie down in bed. The liver and spleen were enlarged, the lungs œdematous, and the circulation much disordered. Violent palpitation was present, and the whole præcordium was in a state of constant motion. The heart was enlarged and a soft, indistinct, mitral systolic *bruit* was present. The radial pulse was small, irregular, and 160 beats to the minute, and almost imperceptible. After giving *Strophanthus* tincture, 15 to 20 minims twice daily, rapid improvement began. The next day the pulse had improved greatly in quality and was 96 to the minute. By the fifth day, it was 48 to the minute. In six days, the œdema of the lungs and of the lower extremities had disappeared. The patient could lie down and could take his food with relish. At first, he passed but 22 oz. of urine daily. On the fourth day of *Strophanthus*, he passed 52 oz. The patient was ultimately restored to good health. To determine the difference in action between this drug and *Digitalis*, experiments were made on the separated frog's heart. It was found that solutions of *Digitalin* of 1 part in 100,000, and of one part in 4000, produced characteristic changes in the heart's action, but were not sufficiently strong to kill the heart, at any rate, within two hours. With *Strophanthin*, on the other hand, a solution of 1 part in 100,000 quickly stopped the heart's action in extreme systole, characteristic changes in the heart's action having previously been produced. Even when the minute solution of 1 part in 6,000,000 was used, complete stoppage of the heart's contractions in extreme systole was produced in twenty minutes. *Digitalis* produces extreme contraction of the bloodvessels, an effect much less readily produced by *Strophanthin*. In concluding, the author states his preference for *Strophanthus* over *Digitalis* in the treatment of cardiac disease, as it seems preferable to act upon the heart alone, rather than also to increase its difficulties by closing the bloodvessels into which it must empty itself.—*British Medical Journal*, November 14th, 1885.

THE INFLUENCE OF ACUTE FEBRILE DISEASES ON PREGNANCY.—Our knowledge on this important subject, up to the present, may be formulated as follows: The gravida, when an acute, febrile disease is superadded to her condition, is not more endangered than is a non-gravida, affected by the same disease, except when the fœtus, in consequence of the mother's sickness, dies, and abortion or premature labor occurs during the course of the febrile disease. Rarely will the life of the fœtus be endangered through the sickness of the mother. Variola is the best known exception to this statement. It is the rule, however, that the fœtus rarely dies directly from the acute disease affecting the mother. Its death, when it occurs, is probably rather due to the effects of the maternal high temperature. A further cause, according to Slavjansky, applicable especially to cholera, is the occurrence of a metritis decidua hæmorrhagica.

As a contribution to this subject, Hofmeier reports two very carefully observed cases. The one concerns a patient of 27, mother of four children, five months pregnant, who convalesced well from a severe pneumonia, went to term, and was delivered of a healthy seven-pound fœtus. This case tallies with the conclusion reached by Rican, who found that pneumonia, attacking a patient less than 180 days gravid, was not especially dangerous to either mother or child. His figures are, of twenty-eight cases of pneumonia, in patients gravid less than 180 days, twenty-three recovered (six miscarried, seventeen did not, and five died); whilst, of fifteen cases beyond 180 days, eight recovered (five with, and three without miscarriage), and seven died. The second case is of erysipelas migrans during pregnancy, and Hofmeier could not find a parallel case in literature. The case is further interesting from observations made as to the effect of the maternal temperature on the fœtal pulse, as shown in the annexed table:

Mother's Temperature.	Fœtal Heart.
40.5° C. = 105° F.,	180.
40° C. = 104° F.,	160.
38° C. = 100° F.,	140.
37.5° C. = 99° F.,	132.

The patient was at the end of pregnancy, did not abort, but at the end of the fever, gave birth to a healthy fœtus, no sign of desquamation. The patient's lying-in period was in every way favorable, and this in spite of the belief in the homogeneity of the erysipelas and puerperal fever coccus. The patient was delivered in the same bed and ward in which she lay sick with erysipelas, and an abscess over the sacrum (the result of erysipelas) was still discharging pus.—*Amer. Journ. Obstet.*, December, 1885.

A SUBSTITUTE FOR IODOFORM.—To the progress of synthetical chemistry, we owe an addition to our present list of local antiseptics, which, if, on further trial, it be found to bear out the promises made for it by its discoverers, bids fair to take the place of Iodoform, altogether. Iodol, the substance referred to, is a dark powder, obtained from "Dippel's animal oil." It has but little smell, and is soluble in three parts of absolute alcohol, only in 5000 parts of water. More than two hundred observations on various diseases have been made with it in the Royal Surgical Institute in Rome. It was used in substance, suspended in Glycerine, dissolved in Alcohol with Glycerine, and as ointment. Chancres were washed with distilled water, very carefully dried, and sprinkled with Iodol in powder, and covered with silk protective, the dressing being changed daily. In six days' time, the base of the chancre began to granulate, and the edges to show signs of commencing cicatrization. Similar treatment was adopted in the case of open buboes, which very soon began to exhibit a healthy appearance, and in a very short time healed up. In many cases of simple, indolent ulcers, Iodol was equally valuable, the whole character of the sore becoming changed

after a few applications. Neither erysipelas nor diphtheritis was ever observed in cases treated with Iodol.—*The Lancet*, November 28th, 1885.

LAGOPHTHALMOS IN DIABETES.—Facial paralysis has not had much attention drawn to it in diabetics. Dr. Fienzal, in the *Bulletin de la Clinique National Ophthalmologique de l'Hospice des Quinze Vingt*, of September, 1885, relates three cases of the facial paralysis under the title of "paralytic lagophthalmos in diabetes." The first case was that of a man, in whom the right side of the face became paralyzed suddenly; corneal ulcers developed. The duration of the paralysis was three months, and ended in complete recovery. A year later, the left side of the face was paralyzed for four months. There was no history or evidence of syphilis, and none of rheumatism, but the urine was loaded with sugar. The treatment was simply that used for diabetes, together with some galvanic stimulation of the muscles. The history of the other two cases was practically of the same kind as that above narrated.—*The Lancet*, November 28th, 1885.

COCAINE IN HYDROCELE.—Dr. G. A. Atkinson says, in the *Lancet*, October 31st: "After withdrawal of the fluid from the hydrocele sac, it is easy to inject thereinto a drachm, more or less, of a 5 per cent. solution of the salt named, allow it to flow over the interior, and, after five or ten minutes, inject the selected Iodine preparation, which will not give rise to any pain until an hour or more has elapsed, which pain, usually not severe, if necessary, can be controlled by the exhibition of a morphia suppository, or by some similar means. The use of the Cocaine salt in this manner further allows kneading of the sac after the Iodine injection, which kneading Davy and others have strongly insisted on; and, while, on the one hand, paralysis of the sensory nerves of the serous membrane can, as Cohnheim showed, have practically no retarding influence on the development of the inflammation, on the other, no evil effects can follow the absorption of a quantity of Cocaine so far below a toxic dose. To the extent of my limited experience, cases thus treated progress, with the exception of the pain, precisely as those in which no Cocaine is employed."—*Medical and Surgical Reporter*, December 12th, 1885.

MULTIPLE ULCERATIONS OF THE DIGESTIVE TRACT, PRODUCED BY LARGE DOSES OF MORPHIA.—A. Sourrouille (*Centralb. u. d. Med. Wissensch.*, December 12th, 1885) reports the exhibition, in a case of uterine carcinoma, of Morphia, in doses increasing from three-fourths of a grain to four grains. The sedative effect was prompt, but untoward effects soon appeared: thirst, dryness of mouth and oesophagus, with dysphagia, anorexia, constipation, etc. On the mucous membrane of the mouth and pharynx, and probably also at other points in the digestive canal, appeared a series of sharply outlined ulcerations of varying depth, which rendered alimentation impossible. The symptoms disappeared, upon the withdrawal of the drug, to reappear upon its renewal. Sourrouille maintains that Morphia induces atrophy of the secretory organs, and destroys the epithelium with which it comes in contact.—*Medical News*, December 12th, 1885.

THEORY OF POLYURIA, BY DR. SCHAPIRO (*St. Petersburg Med. Wochenschrift*, No. 20, 1885).—The author gives the following clinical history of cases referred to: In persons, who have long suffered from a functional disturbance of the alimentary tract, these symptoms gradually grow worse—with some cases this change is sudden—and among others sometimes after certain excesses. Diarrhoea makes its appearance which soon improves and soon again grows worse. At the same time, the tenesmus appears principally at certain hours during the night, sometimes preceded by nausea and abdominal spasms.

The nourishment of the patient is thereby much disturbed. After a

shorter or longer time, he begins to complain of greatly increasing thirst, which produces a painful sensation. At the same time, or soon after, frequent and profuse urination appears, the urine changes decidedly its color and consistency; it becomes clear, transparent, of low specific gravity. The quantity is from three to six times greater than normal.

Albumen and sugar are not found, upon frequent examination.

The solid contents appear, as a rule, rather more than normal; but fall much below it, as the patient becomes more emaciated.

If he comes under treatment during the early stage, the indicated remedies produce a marked benefit, and the patient feels so much improved that he thinks it possible to return to his former occupation.

The diarrhoea becomes somewhat less, as regards the frequency of the evacuations; the consistency of the fæces changes from very thin to a pappy consistency; but the polyuria does not yield.

If the patient does not present for treatment until a later stage, the symptoms of the alimentary canal prove very stubborn, the most energetic astringent remedies—introduced either by the mouth or as enemata—give absolutely no relief, and the patient dies with symptoms of progressive emaciation. In the last days of his existence, the urinary secretion is reduced to the minimum; the urine, however, remains clear, has a low specific gravity, and contains either no albumen or only a trace.

Post-mortem reveals much ulceration of the large intestine. The kidneys appear normal in size, there is no hypertrophy of the connective tissue, the epithelium of the spiral lacunæ appear, under the microscope, slightly fatty—appearances by which the polyuria cannot be explained.

The cortex of the kidneys, chiefly near the circumference, is markedly hyperæmic, and the conducting (efferent) glomeruli are dilated. There also appear, on the glomeruli celiacum and on the splanchnic major, very extensive anatomical changes. These disturbances of the blood-circulation of the kidneys—whose anatomical substratum lies in the change of construction [Baues] of the vaso-motor nerves—indicate, in the most natural manner, that, in polyuria, no especial changes are found in the central nervous system.—*Allg. Hom. Zeit.*, September 8th, 1885. H. F. I.

CURE OF LACHRYMAL FISTULA.—Dr. Rummel claims to have cured a case of lachrymal fistula with Calc. carb., 200th, after trying many other remedies, as well as Calc. c. in the 30th. Dr. R. E. Dudgeon had a similar experience, with a case of left-sided lachrymal fistula, which he cured with Silicea 3d to 30th, after failing with Silic. 3d to 6th, and many other remedies. The opening in this case healed almost without a scar. No local measures were employed in either case. The treatment lasted ten and nine months, respectively.—*Allg. Hom. Zeit.* H. F. I.

INFLAMMATION OF THE PAROTID GLAND FOLLOWING OPERATION ON THE FEMALE GENITAL ORGANS.—At the recent meeting of the American Gynecological Society, Dr. William Goodell gave the histories of cases, which seemed to him to give evidence of the sympathetic relation existing between parotid bubo and operations upon the female genital organs. Schroeder has reported five cases of parotid bubo with two deaths in 200 cases of ovariectomy. Of 153 ovariectomies performed by himself, he had one case of parotid bubo. These were cases of symptomatic parotid bubo, but he believed that there were other cases, sympathetic and not septic in character, as there was no evidence of septicæmia, and the swelling did not suppurate. He had also met with a case, in which both glands were involved after oöphorectomy, in which the condition was one of sympathy, and not symptomatic. The observation that there is a kinship between the adult genital apparatus and the parotid gland, and that the existence of the two conditions was more than a mere coincidence, has been confirmed by Angus McDonald and others.—*Amer. Journ. Obstetr.*, October, 1885.

TREATMENT OF PORT-WINE MARK BY ELECTROLYSIS.—At the meeting of the American Dermatological Association, Dr. Hardaway read a paper on the above subject, in which he said that in the treatment of this disease the object was to excite sufficient inflammation to cause occlusion of the vessels. Electrolysis seems to be the most convenient way of doing this. At first, he had used a bundle of needles, but after their use the reaction was too violent, and there was also a great tendency to keloidal development, so that he now employed only the single needle. It is important to allow a period of several weeks to elapse between the operations. He reported three cases thus treated, in two of which the result was satisfactory; in the third, it failed.—*Journ. Cutan. and Vener. Dis.*, October, 1885.

News, Etc.

PERSONAL.—Dr. William P. Mullen has removed to 5048 Green Street, Germantown.

Mayor Beckwith, of Paterson, New Jersey, has appointed Dr. T. Y. Kinne, a homœopathist, to membership in the local board of health.

HOMŒOPATHIC COLLEGE IN SPAIN.—The opening exercises of the regular course (1885-1886) of the Homœopathic College of Madrid were held at the institution on the evening of November 8th. Dr. Romualdo delivered the introductory address. The college prizes, won by the students of the first course, were awarded the same evening. This homœopathic institution has been making, in the last few years, a steady progress, a change quite in contrast with the apathy exhibited by homœopathic fraternities in other portions of Continental Europe. With pride and pleasure we can read the announcement of the present annual session of this college, published in the *Criterio Médico*, of Madrid, for September last.

Matriculation, for which no fee is charged, began on the 1st of October, and continued until the 15th of November, at the office of the Secretary of the Faculty, Paseo de la Habana, No 3. At the end of the course, four prizes, of 250 pesetas (\$50) each, are given to the four graduates who distinguish themselves most.

For admission to the College course, the following rules and regulations must be complied with:

"ARTICLE 180. Any licentiate (a degree in Spanish universities, and the person who has taken the degree) or Doctor of Medicine (in Spain, not all physicians are doctors), as well as any physician practicing in an official capacity, can matriculate at this college.

"ART. 181. The alumni will make the studies of homœopathic medicine in two years, attending during this time the theoretical and clinical lectures of the institution.

"ART. 199. Graduates of other medical colleges can obtain the diploma of Doctor of Homœopathic Medicine, given by this institute, without attending the two years' course, if they can give satisfactory evidences of having practiced homœopathy for more than six years."

The branches, comprised in the two courses of studies, are as follows:

First Course: Homœopathic Institutes; Homœopathic Therapeutics and Materia Medica; Clinics for Men and Boys; Clinics for Women and Girls.

Second Course: Homœopathic Materia Medica; Clinics for Men and Boys; Clinics for Women and Girls.

The Dean of the Faculty is Dr. Tomás Pellicer, and the Secretary, Dr. Manuel Flores.

E. FORNIAS.

OBITUARY.

DR. LEESER, SR., of Rheydt, died on the morning of September 3d, in his seventieth year, of erysipelas of the face and head. He was the father of our colleague Dr. J. Leeson, of Lübbecke.

Dr. Leeson was formerly Rademacherianer, but for twenty-four years past he has been a true adherent to homœopathy. In Lübbecke, his former home, he had many friends, despite the animosity which existed; during his two and a half years' residence in Rheydt, he has likewise gained many friends.

Peace to his ashes!

THE EDITOR (*Allg. Hom. Zeit.*).

DR. THEODOR JOH. RUECKERT, of Herrnhut, died (of dysentery), in the eighty-fifth year of his life, August 6th, 1885, at 2.30 o'clock, A.M.

With him passes away the last of the direct students of Hahnemann, and the oldest of all homœopathic physicians. By his participation in the provings of drugs under Hahnemann's guidance, he has left behind him a lasting monument, and by his unswerving faith in the teachings of the founder, and by the lively interest for our cause which he evinced to the end of his life, he has become to us a shining model. We wish, here, to refer to his last article, "Epilepsy," which appeared in the last number of the *Allgemeine Homœopathische Zeitung*. So strong was his presentiment that he was approaching his long, last sleep, that he called this article his swan-song.

His quiet, loyal and blessed work brought him the confidence of a large clientele and a universal recognition. His simple, upright manner, his charity and friendliness have won for him the love of all who came in contact with him.

To him was granted the unusual favor of mental and physical vigor, sufficient to permit him to continue his calling to the end of his days.

Of him, it can truly be said: "He rests from his labors, but his works continue."

THE EDITOR (*Allg. Hom. Zeit.*, August 18th, 1885).

THE AMERICAN OBSTETRICAL SOCIETY.—The second meeting of the American Obstetrical Society was held in the New York Ophthalmic Hospital, on December 10, at 8 P. M.; President Winterburn in the Chair. The large hall was crowded, about three hundred members and other practitioners being present, including more than sixty gentlemen from out of town. Dr. William C. Latimer, of Brooklyn, Chairman of the Committee on Rules and Organization, reported the by-laws deemed desirable by the Committee; the report was accepted and adopted.

The following new members were elected:

Prof. James C. Wood, M.D., Ann Arbor, Mich.; Edward S. Coburn, M.D., Troy, N. Y.; William C. Dake, M.D., Nashville, Tenn.; Edwin Fancher, M.D., Middletown, N. Y.; Horace M. Paine, M.D., Albany, N. Y.; Homer I. Ostrom, M.D., New York City; Walton Bancroft, M.D., Keokuk, Iowa; Joseph A. House, M.D., New York City; W. E. Green, M.D., Little Rock, Ark.; William A. Allen, M.D., Flushing, Long Island; Thomas Nichol, M.D., LL.D., B.C.L., Montreal, Canada; Frank L. Vincent, M.D., Troy, N. Y.; Isaac G. Smedley, M.D., Philadelphia, Pa.; William M. Du Four, M.D., Williamsport, Pa.; Bruce S. Keator, M.D., Asbury Park, N. J.; A. Waldo Forbush, M.D., Boston, Mass.; William Owens, M.D., Cincinnati, Ohio; Edwin H. Wolcott, M.D., Rochester, N. Y.; Samuel S. Lungren, M.D., Toledo, O.; A. B. Grant, M.D., Lowell, Mich.; Alfred I. Sawyer, M.D., Monroe, Mich.; Alfred A. Whipple, M.D., Quincy, Ill.

Making one hundred and one members in all to date.

Dr. George W. Winterburn, as *ex-officio* chairman of the Executive Board,

reported a Form of Certificate of Membership, which was submitted to the approval of the Society.

Dr. W. M. L. Fiske, of Brooklyn, having been invited to the Chair, President Winterburn delivered his inaugural address. He called attention to the objects aimed to be accomplished by such a society, and outlined a tentative plan by which these purposes might be wrought out. In concluding he referred to the conditions for membership, and stated that it was desired to include as members all physicians who were interested in obstetrics irrespective of their views on therapeutic dogmas.

The President's address, by unanimous vote, was ordered to be printed in full in the transactions.

Dr. Philip Porter, of Detroit, was then introduced, and delivered an address on "Fœtal Nutrition in the Mammalia," which was afterward discussed by Prof. Charles McDowell, M.D. Prof. J. Nicholas Mitchell, M.D., of Philadelphia, read a very interesting paper on "Craniotomy"; a lively discussion followed, in which Dr. Reuben C. Moffat, of Brooklyn, Prof. Phœbe J. B. Wait, of New York, Dr. Harrison Willis, of Brooklyn, Prof. G. R. Southwick, of Boston, Dr. Charles A. Bacon, of New York, and Prof. Loomis L. Danforth, of New York, took part. The discussion evoked so much interest that it bid fair to go on indefinitely, but at this point the President remarked that in justice to the authors of papers yet to be read he must declare the discussion on Craniotomy closed.

Dr. James H. Ward, of Brooklyn, was then introduced, and read a paper entitled, "A Case of Abnormal Pregnancy." He exhibited a specimen of extra-uterine pregnancy, the fœtus at three and a half months, this case being the basis of his paper. The subject was discussed by Drs. Robert McMurray, Harrison Willis, Phœbe J. B. Wait, Philip Porter, and others. Prof. L. L. Danforth read a paper on "The Obstetric Forceps," and exhibited a number of varieties, illustrating their use on the manikin. The hour being now very late, the other papers on the programme, viz., one on "Placenta Prævia," by Dr. L. M. Kenyon, of Buffalo, and one on "Abnormalities of Adhesion and Detachment of the Placenta," by Dr. George W. Winterburn, of New York, were read by title. The society then adjourned, feeling very well satisfied with the results of its first public meeting.

THE WOMAN'S HOMŒOPATHIC MEDICAL CLUB OF PHILADELPHIA was organized October 15th, 1883. It holds meetings on the first Monday of each month. The regular order of business is followed by a paper, with discussion thereon, and the last half hour of the meeting is given to reports of interesting cases occurring in the practice of the members. Many of the papers have been very interesting and valuable, and when read are the property of the Society. Journals taken by the members have a regular circulation through the club.

ORGANIZATION OF A NEW CLUB OF HOMŒOPATHIC PHYSICIANS.—A number of homœopathic physicians residing in the northern and north-western part of the city have organized the "Oxford Social Medical Club" of Philadelphia, to hold semi-monthly meetings for the propagation of the law *Similia similibus curantur*, and for the mutual and social benefit of its members. The membership thus far consists of Drs. Toothaker, Kemble, Holcombe, Gilbert, Layman, Cowgill, Owen, Webb, Stewart, S. H. Brown, and A. C. Rembaugh, with Dr. James Kemble as President, and Dr. H. Knox Stewart as Secretary and Treasurer.

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EXOTIC DRUGS FOR PROVINGS.

BY EDUARDO FORNIAS, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

ONE of the inconveniences with which the Bureau of Materia Medica has always to contend is the narrowness of field to which it has been brought by arbitrary division. A worker of this most important branch cannot take a classified or given group of symptoms and endeavor to find corresponding phenomena in the symptomatology of our well-proved drugs without impinging against therapeutics. Clinical medicine can deal with almost any medical branch. Internal pathology likewise. But to Materia Medica, which is, we may well say, the foundation of Homœopathy, the branch which has enabled us to attain the position we occupy to-day in the medical world, only two narrow and difficult roads are left, namely, provings and reprovings.

Now, gentlemen, anybody who knows well the real meaning of these two words will readily understand that the task is not within the reach of a scattered bureau, often composed of the most complex material in regard to facilities, disposal of time, earnestness, enthusiasm, etc., and the result is, that unless we have some verifications to report, the only thing left for us to do is to hammer at the old, well-known structure, with little or no benefit.

I believe, however, that any one who compares disease-symptoms with drug-symptoms is dealing with Materia Medica, but in order not to appear pretentious on the subject, I have limited myself to a work which can only be claimed by the branch I have the honor to represent.

To undertake even a fragmentary proving, I repeat, was for me an impossibility.

In the interest, then, of any member who in future time may have the means and perseverance to engage in provings, I have prepared my paper on exotic drugs.

And I commence by calling your attention to several valuable plants and their products, not well known to us, and extensively used as popular remedies in Cuba.

I may first introduce to you the *Escoba amarga*, or bitter broom (*Parthenium histherophorus*), used by the natives of Cuba against intermittents. This plant, also called *Cuban China* (Quina de Cuba), has been of late loudly extolled by Cuban doctors as a powerful antipyretic. An alkaloid from this plant has just been obtained by the studious young chemist, Don Carlos I Ulrice, of Havana, which he has called *parthenina*, and at the hand of Dr. Ramirez Tovar and others has proved to be an efficacious febrifuge. It has been also recommended against neuralgias of paludal origin.

It may not be out of the way to inform you, just here, that the above alkaloid is not the only one obtained by Dr. Ulrice from the *Parthenium histherophorus*. Following to his first successful experiments, when he was engaged in purifying the *parthenina*, he separated another principle of the same nature which he called *Parthenicina*, and as a result of subsequent observations he extracted three more alkaloids which he named respectively *Parthenidina*, *Histerophorina*, and *Histerophoricina*.

Of these five alkaloids the effect of the first obtained, *parthenina*, has been studied on the animal and healthy man, and its physiological action described by Dr. Dueñas, of Havana. It is my intention to translate Dr. Dueñas' paper on the subject and publish it in the HAHNEMANNIAN MONTHLY, as I think the *Escoba amarga* is a plant of great future, and worth the trouble of a thorough proving.

I cannot understand how the cutaneous effect of the poisonous shrub *Guao* (*Comocladia dentata*), so similar to our *Rhus toxicodendron*, but more powerful in its action, has not induced some of our men to make a complete proving of it. The knowledge of its use in malignant erysipelas, malignant ulcers and leprosy has been exclusively derived from its external effects, and the conclusion that otherwise it is already represented by *Rhus tox.* is highly erroneous. *Guao* is a more active and penetrating poison.

I once saw a slave in Cuba poisoned by this drug, who,

besides the terrible vesicular inflammation, suffered for three days with high fever, and in the evenings presented well-marked typhoid symptoms. And an old gentleman of my acquaintance, every time he passed under its shade, without touching the plant, was attacked with a severe vesicular eruption, impeded speech, and had pain about the tongue, which often became much swollen.

About three years ago, I imported from Baracoa (Cuba), by a Philadelphia schooner, a barrel full of branches and roots of the *Comocladia Dentata* for Messrs. Boericke & Tafel, of this city, and soon after I heard that the poor man who was ordered to carry the dangerous plant from the vessel to the Arch Street House, by an indiscreet handling, was poisoned in the most fearful manner, and compelled to take to bed for several days. Perhaps the doctor who attended him could tell us something about the case.

Guaco is another plant to which many virtues have been attributed. Halesays that Dr. Elb, of Dresden, Germany, has published provings and the pathogenesis of the medicine. If so, I think it is time for us to know something about it. In the tropics, it is used as an antidote to bites of venomous serpents, but quacks recommend it in sterility, syphilis, yellow fever, ague, etc.

I remember the case of a lady friend of mine who took, for four months, a decoction of *Guaco* for sterility without the desired effect, and at the end of said time was compelled to stop the medicine, entirely on account of a copious, corrosive, putrid leucorrhœa which developed and debilitated her greatly. She told me herself that sometimes she felt as if fire was running out of her parts, and that the inside of her thighs was materially tanned and her clothing always stained yellow. She complained also of a terrible itching and smarting, especially at night. Before she took this drug, she never suffered from any of these symptoms. I gave her Kreosotum and a few doses of Sulphur, and cured the leucorrhœa.

The *Sapote* and *Ajonjoli-seed* (*Sesamum orientale* and *Piper peltatum*) are long known in Cuba and South America as powerful diuretics. The *cocciiso* and *pica-pica* are well-known purgatives in the tropics.

The *pulp of güira*, in the form of a syrup, has been employed in Cuba as a purgative, in lockjaw, in labor to expel clots and pieces of retained placenta, and in chest troubles. The *Güira cimarrona* (*Crescentia cujete*) is a good maturative.

The *Cardo santo* (*Carduus benedictus*) is a peculiar plant

held in great esteem by the Cubans. The roots are used as a sudorific in fevers, the flowers as an expectorant in catarrhal and asthmatic troubles, and the seeds as an emetic.

There is in Cuba a variety of milkwort, called *Polizala*, though I do not know if it is the *Polygala senega* or *Punctata* of our Materia Medica. It is used both by the people and profession as a valuable stimulating expectorant in bronchitis, pneumonia, and other affections of the organs of respiration.

The *Marañón* (*Anacardium Occidentale*), fruit and nut, as well as the *Mangle-bark* (*Rhizophora mangle*), which grow in the Cuban coasts, are powerful astringents. The nut of the former contains a caustic oil employed by the natives to destroy warts.

The Cuban country people have used for many years a resinous product obtained from the *Guaguasi* (*Laetia longifolia*) as a powerful drastic. Other resinous products of Cuba worth mentioning are the *Goma almacigo* (gum of the *Pistacia lentiscus*) and the *Recina manajú*. The former has been employed in gastric and chest troubles, the latter as an antispasmodic. In many districts of Cuba, the *Recina manajú* is kept in every home and applied to wounds of all descriptions as a preventive of lockjaw.

Other plants quite popular as domestic remedies in Cuba worthy of a proving, are: *Malambo*, employed in diarrhœa, vomiting, cramps of the stomach, and colds; *Yerba Luisa*, similar in its application; *Vetiver*, in colic, produces marked eructations; *Gramma* (*Triticum repens*), also called *canina*, because dogs eat it to produce vomiting, is used as a diuretic; *Hita-morreal* and *Cundiamor* in amenorrhœa. The seeds of the latter give an oil which has been used in burns and wounds; *Vicaria blanca* or *Purisina blanca* in tenesmus and catarrhal ophthalmia; *Apazote* (*Ocimum americanum*) in colic and as an anthelmintic; *Verdolaga* (*Portulaca oleracea*) and *Piñon* as anthelmintics. (The latter plant is similar to the pine-apple and is used to hedge landed property. The fruit is the part employed as a worm medicine, and grows in central bunches of twenty or more piñones, of about two inches long, yellow when ripe and of a very acid taste.) *Cañafistula*, the fruit and pulp of the *cassia fistula*, is a popular remedy for abdominal colics. *Recedá* (from the Latin *rescdo*—to calm) (*Mignonette*) is extensively used for indigestion and abdominal pains; the seeds of the delicious fruit *Anon* (*Annona*) are used by the country people to destroy lice.

These are the principal plants growing in Cuba, which I

think could furnish valuable additions to our *Materia Medica*. But there are yet some other West India islands and countries, such as Mexico, Central and South America, which are inviting us to study their rich flora.

The natives of Martinico, for instance, used the nut of the *Cocotero* (*Cocos nucifera*), well grated and aided by the Oil of Palma Christi, against the *tænia solium*.

In tropical America we find a plant called *Manzanillo*, from *Manzanilla*, small apple (*Hippomane mancinella*), which is an object of terror to the natives, as resting under its shade is believed to produce sickness and death, but Dr. Contance, of France, who studied the plant, did not experience any evil results by so doing. Where the danger really resides, is in its fruit. It has the shape of a small apple and the odor of lemon, but woe to the traveller who, tempted, partakes of this attractive little fruit. The lips and throat would at once burn up, so to speak, and death be the result.

In the vast and varied regions of Mexico we find, also, plants of inestimable value. Among them I may mention the *Damiana* (*Turnera aphrodisiaca*) which has been for many years employed by the natives to regenerate their vital forces. It is said to be an aphrodisiac and stimulant of the cerebral functions.

Another esteemed plant there is the *Yerba de la tisis* or *Yerba santa* (*Eryodietion californicum*), highly recommended in chest affections. The proving by Dr. Pease in Allen's *Encyclopædia* clearly confirms the assertion.

The *Yuca* (*Yucca*) aboriginal of Mexico, which furnishes one of the most important aliments of the intertropical regions, may become a valuable drug. The farinaceous root of this plant is eaten like potatoes, and it is by coction that it becomes an inoffensive article of food; otherwise, it is a violent poison. Its toxic principle is the *Cyanhidric acid*.

I have in my possession a few ounces of the mother tincture of *Huitziciltmett* which Dr. Gonzales of Mexico was kind enough to send me. The plant grows in the forests near Queretaro, and is said to be a domestic remedy for hepatic troubles.

The *Yolotxochitl* or *Magnolia grandiflora* of Linnæus (*Polyandria polygama*) is also at home in this country. My friend, Dr. Talavera, of Orizaba (Mexico), made a valuable proving of this plant, which he presented as a thesis to the faculty of the Hahnemann Medical College of this city, and published in the *HAHNEMANNIAN MONTHLY* for September, 1882.

He states that before the conquest, the Aztecs employed it for cardiac troubles, and that from this use it received the name of *Yolotaochitl*, which means "heart flower;" that at present it is used empirically by the Spaniards, generally in the form of a tincture made by maceration with sherry wine.

Through the kindness of Sig. Tomas Felguerez, of Aguascalientes (Mexico), I received and have in my possession the leaves, fruit, and seeds of *Toluache*, a plant of which I had heard so much, and which is said to produce an incurable madness. This gentleman informs me that the leaves are employed in the form of a poultice for severe pains which resist other treatments; that a few seeds have been taken without any fatal results following, but that he knows of a child who partook of the capsule or fruit and died soon after. However, I must confess that since I received it, I am very much disappointed, as I think the *Toluache* is our Thorn apple (*Datura stramonium*).

In Columbia we find the *Sinaba valdivia* botanically related to the *Sinaba cedron*, and employed against fevers of marshy districts; also the *Guarumo* (*Clibadium*), used in the form of a syrup for phthisis; the *Drymis granatensis* as an aromatic stimulant, and an elegant *Scrophularia* called *Gratiola origanifolia* as an emetic.

The oil of *Carrapapi* brought to this country by Dr. Márquez, of Barranquilla (Colombia) is used in South America as an antidote to the poisonous wounds inflicted by the sting-ray. It is said that among the symptoms produced by the cut which the Raya inflicts with its dentation, priapism is the most prominent and persistent. If so, it is rather curious, because the oil is also employed in gonorrhœa and cystic troubles. Dr. Edward M. Gramm, Dr. Francis O. Gross, and myself, at the request of Dr. Márquez, applied the drug empirically several times, in somewhat heavy doses, and the symptoms developed and aggravations caused, clearly indicate that it has a marked action upon the genito-urinary organs.

Dr. Márquez, before leaving this country, promised to send me a full description of the plant from which the oil is obtained, as well as its botanical name. I have a few ounces of the oil and I am willing to furnish some to any one desirous of making a proving.

In Ecuador the juice of the *Caña agria* is a very popular remedy for diabetes mellitus, which is very prevalent there. It is said that Duguët and Gubler, of France, have already obtained good results with it in this affection. The *Cundu-*

rango grows also in this country, and anybody who would hear the natives speak about its curative powers in cancer, could not help but think there is something in it.

Peru is the birthplace of our historical *Cinchona*, and although it does not offer us sure traces of indigenous therapeutics, we must not forget that the *Erythroxylon coca* is there at home, a plant which has furnished the wonderful alkaloid *Cocaine* and revolutionized with it ophthalmic surgery. I give no description of the plant, because, since Koller, of Vienna, a year ago, reported his valuable experiments and demonstrated the anæsthetic effects of the alkaloid upon the terminal nerves of the conjunctiva and cornea, every journal in this and other countries has exhausted the subject. Otology, laryngology, rhinology, gynæcology, and even dentistry have already taken advantage of its benumbing influence. How many secrets like this are still hidden in the woody fibres of ignored and slighted plants, time alone can tell.

In Chili there is a fertility quite in contrast to the dried-up soil of Peru, and among its many plants, those deserving consideration are: The *Boldo* (*Boldoa fragrans*) which is said to be very efficacious in hepatic and renal troubles. The *Canchalagua* (*Erythrea chilensis*) is used by the natives as a febrifuge. The *Guilmai* (*Echites chilensis*) is a powerful errhine, and, notwithstanding its violent action, does not produce any inflammatory symptoms.

The leaves of the *Monnima polystachia* are expectorant, while the root is astringent. The *Cardo* (*Argemona Mexicana*) and the *Pangue* (*Gunnero chilensis*) are also astringents, but the constricting action of the latter is the most energetic. Dr. Gaudichaud recommends very highly the juice of the *Pangue* roots in persisting uterine hæmorrhages and leucorrhœa. According to this authority, the women of Chili employ a lotion made with this root, to recover the physical appearances of a long-lost purity. The decoction of *Sauco* (*Sambucus Mexicana*) as a sudorific, and the cold infusion of the leaves of *Guayabo* (*Guava tree*) against indigestion, are also popular remedies in Chili.

With the leaves of a shrub called *Mête*, which grows principally in Paraguay and the Argentine Republic, the natives make a delicious decoction as a substitute for coffee and tea, and which is said to be a stronger stimulant than the former, and has a finer aroma than the latter. Experiments with this plant have shown that it is not without therapeutic value.

In the fertile banks of Uruguay grow several varieties of *Diosmeas*, which furnish the well-known *Buchu*.

Next comes the great Brazilian Empire largely contributing to the American flora. What can be compared with those wonderful forests of the Amazons where botany has yet much to discover? There we find powerful narcotics, such as *Mulungu* (*Erythrina corallo-dendron*) and its alkaloid *Gritrina*. It is similar to the *Piscidia erythrina* of Jamaica. The *Raiz de Guinea* (*Petiveria letranda*) is also a nauseant narcotic. The *Jurema* (*Acacia jurema*) takes the place of the *Haschisch*, and the intoxication it produces is accompanied by fantastic dreams full of enchantment. The *pagés* or Indian witches employ it to intoxicate their confiding clients, so that they give credit to their assumed supernatural power.

Nature has well answered the needs of this country by furnishing her with a large number of febrifuges.

Among them I may mention the *Pao pereira* (*Geissospermum velossi*) and its alkaloid *Pereirena*, the *Quebracho bark* (*Aspidosperma quebracho*) and its active principle *Aspidospermina*, which is said to be also very useful in various forms of dyspnœa; and finally the *Quina do campo* (*Cinchona ferruginea*). Its alkaloid, *Veirina*, according to Dr. Feris, of France, constitutes the most glorious triumph of Brazilian medicine. Its curative power in paludal fevers, and above all, against pernicious fevers, so asserts the same authority, is at least equal to that of Quinine, with the advantage that it is much cheaper. The *Strychuros pseudokina* has a bitter bark, which, curiously enough, does not contain any of the violent poisons of the *Loganiaceæ*. Of all the Brazilian plants it is, perhaps, one which has a more widespread use, and its properties better confirmed.

As purgatives we find there the *Arguietosa* (a substance extracted from the *Anchieta salutaris*), the *Euphorbia pupillosa*, the *peponides* of the *Cayopona globulosa*, from which the powerful drastic called *caya-ponma* is extracted. The juice of the *Gamelleira* (*Ficus doliaria*) is also a strong purgative as well as a vermifuge. It contains a vegetable *pepsine* called *doliarina*, superior to the *papaina*.

The oil of *Anda-assu* (*Johanesia princeps* or *Anda brasiliensis*) can take the place of castor-oil, and above this it has two advantages, namely, it produces the same effect with a dose four or five times smaller, and it has not so repugnant an odor.

There are also many relatives of the emetic *Ipecacuanha* in Brazil.

As pectorals we find there the *Uneralobata*, the roots of the

Jatropha curcas, and the *Cana aromatica* (*Acarus calamus*); the latter being the best.

The *Milbromeus* (*Aristolochia cymbifera*) is an excellent sudorific.

As diuretics I can mention the leaves of *Cinco folhas* (*Bignonia* & *Sparatios pernum leucantha*), the *Herba de bicho* (*Polygonum anti-hemorrhoidale*), and the *Pavonia diuretica*. The physiological action of the *Palicourea densiflora* is identical with that of *Digitalis*. This plant contains among others a volatile narcotic principle, which exerts a curious attraction to rats, similar to that of *Valeriana* to cats.

The *Ditana digitifolia* has the beneficial property of increasing the lacteal secretion in women.

The bark of *Coto* (which is thought to be a *Piperacea*), and its active principle *Cotoína*, as well as the *Hypericum connatum*, are powerful astringents.

The milk of the *Cuaxinguba* (*Ficus anthelminthica*), an indigenous tree which reaches a gigantic size, possesses marked anthelmintic properties.

Cutaneous parasites are destroyed in that country with the bark of the *Timbo de los pharmaceuticos* (*Lonchocarpus Peckolli Harra*), or with the juice of the *Sinaruba versicolor*. There grows also a magnificent tree, the *Bowdichia major*, which is a popular remedy for cutaneous affections.

The *Araroba* or *Po-Boca*, first introduced in Europe by Palaone-Champeaux, although a noted parasiticide, and of remarkable action in skin diseases, has an obscure botanical origin. Brazilian, French, and English physicians, who have employed it in herpes circinatus and tonsurans, as well as in tinea sycosa, speak very highly of it. It has also been used internally as a vermifuge. Silvia Lima has given it with wonderful success against the anchylostome of the *Ofilacão*, and Normand against the minute eels of the Cochin-China diarrhoea. Silvia Lima believes that this unknown powder is derived from the *Angelim amargoso*. This plant, according to Caminboa and Rey, is known by the scientific name of *Andira anthelminthica*. Portes, of Toulon, is inclined to believe it is the *Cassia alata* (*Guacamaya Criolla* of Cuba). Dr. I. Macado de Aguiar, after recent important investigation, thinks to have established that the *Araroba* takes its origin from an *Andira* yet to be described, which he calls *Andira Araroba* (family Leguminosæ-Papilionaceæ).

An infusion made with the small grains of *Jequiriti* has been and is yet a popular domestic remedy in Brazil for oph-

thalmia. Old-school physicians of that country admit that this substance produces a conjunctivitis, which disappears spontaneously at the end of ten or fifteen days, and, curiously enough, recommend it for obstinate cases of granular conjunctivitis.

The *Pariparoba* (*Piper umbellatum*, or *Caisimon* of Cuba) has leaves which, applied to abscesses, make them disappear completely.

If we turn our eyes in another direction, we find under the burning sun of Africa, valuable plants of violent action, which, like the *Calabar bean*, deserve a thorough proving. Among them I may mention the *M'Boundou*, recently experimented with by Heckel, and said to be, even in very small doses, diuretic and inebriating. The *Inca* has been studied by Poillaillon and Garville, but I pass by the results of their experiments. The *Iboga* in small quantities is said to be an aphrodisiac and stimulant of the nervous system. The hunters and warriors make a great use of it in order to be always vigilant during nocturnal watches.

In Guinea, the Mina and Ioruba tribes partake with pleasure of the nut of Kola (*Sterculia acuminata*). It is a cerebral stimulant, and takes with them the place of coffee; also a good astringent, and highly craved as an aphrodisiac by old sinners. Heckel has found in this nut Theobromine, the crystallizable principle of Cocoa, and more Caffeine than in the best classes of coffee.

In Senegal, under the influence of a tropical sun and abundant rains, even during winter time, grow also a great many plants useful to the natives. For instance, the decoction of the bark of the *Cailcedra* has been used for many years by the Yolofo against paludal fevers. The same is the case with the bark of the *Donudaké*, which is held there as a valuable febrifuge. Corre thinks it is related to the *Rubiaceæ*, and Venturini, who speaks very highly of it, has found in the plant a considerable amount of *salicin*.

The powdered bark of the colossal *Baobab* (*Adansonia digitata*), a tree which attains the largest dimensions and age known, and occupies among plants the same place which the elephant has among animals; ancient witness of the last revolutions of the globe and of the deluges which buried and entombed the products of the primitive world, has been used by the negroes of Senegal, not only as a condiment, but to maintain the body in a state of moderate transudation and mitigate the excessive internal heat; also as an antidote against

certain fevers. Its fruit, called in the country "*Monkey bread*," contains a pulp of a sourish and agreeable taste, and a refreshing drink is made from it, which is also given in fevers. The negroes of Senegambia dry the leaves carefully, and make from them a powder called *lalo*. These leaves are said to be used as a preventive of the dysentery and inflammatory fevers, to which Europeans residing in Senegal are so exposed.

The *Teli* is nothing but the *Maneone* (*Stereulia acuminata*) of the Portuguese. It is used to poison arrows and to prepare the terrible liquor of test of certain African tribes. Its active principle, *eritoflema*, is a new cardiac poison. This substance is sometimes mistaken for the *Meli*, which is thought to be also a liquor of test in African courts.

If we leave the occidental coast of Africa, and turn the Cape of Good Hope to the Indian Ocean, we find the Island of Reunion. Upon the hilly forests of this island grows the *Aya Pana*. An infusion made with this plant is used as an antispasmodic. Also, the *Fabam* (*Angraecum fragrans*), from which an aromatic drink is made. The *balsam* of *Ysla Chata* (*Psidium balsamica*) is employed as a powerful antiscorbutic. The *Durand potato* (*Calystegia soldanella*), as a purgative; the *Sylophora asthmatica* as a powerful emetic; the *Senecio ambavilla* as a pectoral; the *Guérivite* (*Siegesbeckia orientalis*), as a tonic and sialogogue; and the bark of the root of the *Moringa pterygosperma* as a rubefacient. (It is said to be as active as mustard.)

The yellow *liana* (*Danais fragrans*) is used by the natives of Madagascar and other islands of the Indian Ocean against certain herpetic and malignant ulcers. Its local action is analogous to tannin.

The *oil* of *Chaumoogra*, collected in the same islands, is considered a precious specific for leprosy. Leclerc goes so far as to say that, thanks to this substance, leprosy can be cured, and despair is inopportune.

In Abyssinia there are several valuable tæniifuges; among them I may mention the *Moussena* (the bark of the *Albizia anthelminthica*), the *Tatze* (the fruit of the *Myrsina Africana*), the *Habbi-Tsalim*, the *Habbi-Tehugo*, which is said to possess the peculiar property of coloring purple the renal secretion, and finally the *Koussou*, which, being the least important of them, is, however, the only one introduced and employed in Europe.

The *Amni Visraga* is a very popular emetic and narcotic in lower Egypt.

In the extreme Orient, the *Panax quinquefolia* is, after tea, the most popular plant. The Chinese use it as a powerful tonic and also as an aphrodisiac. In the middle empire, its price is 500 francs per kilogram.

The *Hoang-Nan* (*Strychnos Gauthieriana*) is held in Hindoo-China as a panacea. Missionaries in that country assert that, according to the natives, this plant is an infallible remedy for scrofula, ulcers, bites of serpents, all cutaneous affections, intermittents, paralysis, the pest, cancer, and epilepsy, but most especially for leprosy and hydrophobia. The exaggeration is a great one, but undoubtedly the plant deserves our consideration. The eminent chemist, Hurtz, has found it to contain *brucia* and *strychnia*.

In the districts of India bathed by the Mé-Khong intestinal affections are very common and severe, and there we find many plants used as antidysenterics, such as the *Ixora dandruca*: the *Tribulus terrestris*, which is said to be also a good hæmostatic; the *Bael* (*Aegle marmelos*), and the *sacred tree* of the Hindoo, which protects with its shadow the temples and pagodas.

The *Ailanthus glandulosa*, the tree of Heaven, of which we have a good proving by Dr. Wells, is employed by Chinese physicians against acute diarrhœa and dysentery. Dr. Robert, of France, was the first who introduced this plant into Europe, but the first experiments were made by Professor Hetet, who recommends it as an anthelmintic, and even as a ténicide.

The Hindoos are said to possess an excellent laxative and purgative in the *Aleurites triloba*. Its action is similar to that of Castor-oil, but its similarity in taste to filberts makes it more agreeable.

The small seeds of the black *Cumin* (*Nigella sativa*) have a very interesting action. They produce, says Canolle, a true artificial fever, stimulate the circulation, increase the temperature and secretions, and by their especial action upon the utero-ovarian apparatus they constitute a powerful emmenagogue and abortive, well known among the women of Karikal and other districts of India.

The country of *Cubebs* is rich in so-called blennorrhagics. In India as well as in Cochin-China, the *balsam* of *Gurium*, obtained from incisions made in the trunk of divers species of *Dipterocarpos*, takes advantageously the place of Copaiba. Its taste is more agreeable, it leaves no odor to the breath, nor produces any cutaneous eruption, and its effect is in no way inferior. The *Pæderia foetida* is considered also an excellent diuretic.

The *Kauts nycteya* (*Amaranthus spinosa*) is a very common tree in India, and it has the reputation of stimulating the lacteal secretion in milch cows, which are very fond of it. English physicians look upon it as a true specific for gonorrhœa.

There is a powder called *Kamala*, obtained from the capsules of the *Rottlera tinctoria*, a variety of *Euphorbiaceæ* of Bengal, which is employed against dermatoses; internally in leprosy and helminthiasis, and externally in herpes circinatus.

But the most popular remedy for cutaneous disease is undoubtedly the *Cassia alata* (*Guacamacaya criolla* of Cuba). The Anamites and Hindoos have employed it for centuries against herpes circinatus. This practice had been going on, unnoticed and disdained, until Mr Pierre, Director of the Botanical Garden of Saigon, called the attention of French physicians to this use of the plant, and induced Dr. Guerard of Brest to introduce it in France in 1868. Later, Dr. Leclerc of Toulon employed it with marked success in dermatoses, and Dr. Corre of Nossi-Be-Portes has analyzed the plant and found it to contain *chrysophanic acid*, a new substance, principally obtained from the *Parmelia parientina*, which crystallizes in fine golden-yellow scales and contains $C_{10}H_8O_3$. *Rhubarb* also contains it, together with emodin, a principle closely resembling *Chrysophanic acid*. This authority believes that the famous anti-herpetic powder *Araroba* is in part furnished by the *Cassia alata*, which also grows abundantly in the West Indies and South America. The seeds are considered in Persia a valuable anthelmintic.

In Cochin-China the inhalations of the *Mimosa fœra* violently excite the respiratory tract, and are used in hemiplegia and other forms of paralysis.

In the same country, a scorpion, called *Baocap*, is used as a vesicant. The Anamites, after killing it with vapors of vinegar, let it get dry. It has the advantage that it does not affect the renal organs, as happens with *Cantharis*.

The *Xanthoxylum nitidum* (*Rutaceæ*) is, according to Férus, of France, the *Piper japonicum* of some authors. It has perfumed berries, which taste like lemon, and it serves as an aromatic to the Moys. Vesicant poultices are made with the fresh leaves, and the roots are said to be emmenagogue and febrifuge. The therapeutic virtues assigned to this renowned plant in China, Hindoo China, and Japan are so numerous, that I think it would be profitable to study it thoroughly.

The Hindoo-Malay Archipelago, by the luxury of its vegetation, compares favorably with India and Brazil.

In the active deadly juices of the *upas antiar* and *upas tieuté* the natives of Borneo submerge the arrows of their bows. The *Duho upas* (*Strychnos Tieuté*), another name by which this terrible poison is known, grows also in Java, Sumatra, and Celebes, where it is also used as an arrow poison. Rumpf, who has described this plant, calls it *Arbor toxicaria*. It is a more violent poison than the *curare* of the Orinoco, or the *Woorara* of the Amazon. The smallest quantity destroys the largest animal. Dr. Beagle, of London, asserts that the Indian and African arrow poisons differ in composition and action. The difference consists in that the *upas antiar*, like the *corroval* and *vao* (South American arrow poisons) kills by paralyzing the heart, while the *upas tieuté* produces the most violent convulsions.

The stories we hear about the *upas* are really fabulous. However, Thunberg, of Upsal, a noted Dutch botanist, makes the following description of the plant: "It is distinguished at a long distance, and always green. The soil which surrounds it is herbless, and as if burnt. Its sap has a dark-brown color, and, like other resins, liquefies under the influence of heat. The natives, in order to protect themselves against its emanations, and, above all, against the drops which fall from it, take the greatest care and precautions. They cover their heads, hands, and body with clothes, and even so, avoid the tree as much as possible. To approach it and collect the sap, they use bamboos provided at one end with bored steel points, which they insert into the trunk, when the juice runs through the hollow steel and bamboo down to the first joint or knot. To fill these tubular spaces properly, the pointed reeds must remain inserted for three or four days, at the termination of which time the poisonous substance will consolidate, and then be ready for removal and preservation. The poison thus collected will lose in strength if kept longer than a year."

According to the same authority the exhalations of the *upas* produce spasms and dull senses, and whoever passes under its branches with the head uncovered loses the hair. A single drop of the juice, if it should fall on the skin, would cause a violent inflammation. Birds fly with difficulty above the meeting branches of the tree, and when they sit or rest upon it, fall instantly dead. The surrounding soil, within several yards, is entirely sterile. Persons wounded with a poisoned arrow experience at once a burning heat, followed by convulsions, and die in less than fifteen minutes. After death the skin becomes full of livid spots, the face blue and inflamed, and the sclerotic yellow.

Foerset, of Holland, also describes the violent action of the *upas juice* in the following manner: "When I was in Soura-Charta I witnessed the execution of thirteen women. At 11 A.M. they were taken to a public square opposite to the palace, and after the sentence was read and the Koran presented for them to swear that the doom was just, they were tied to thirteen poles, previously raised and remained in that position, uniting their prayers with those of the bystanders, until, at a sign from the judge, the executioner pierced the chest of each victim with a lancet saturated with the mortiferous juice. Instantly they were seized with trembling, followed by convulsions, and six minutes after, all were dead. I noticed many livid spots on the skin, the face swollen and purple, and the eyes yellow.

"I also saw in Samarang the execution of seven Malays in the same manner and with identical results."

In Java grows the *Dita* (*Alstonia scholaris*). Its alkaloid *Ditaina* is a poison, which has been recommended as a febrifuge and vermicide.

Dr. Van Leent, of Holland, informs us that the natives of the Riouw-Lingga archipelago possess many emmenagogues, often used as abortives. The principal ones are: The root of *Temoelarrak*, the infusion of *Akar tiemaka* (*Pardanthus chinensis*), and the decoction of *Boewa leng-keng* (*Nephelium longanum*).

To excite an abundant transpiration they take an infusion of *selasé* (*Ocimum gratissimum*).

As a diuretic they take an infusion of *Daunmanirang* (*Phyllanthus urinarius*), which they also employ in urethritis. For orchitis they apply a moist powder derived, according to Meiger, from roots of the following four plants: *Rhizophora cascolari*, *Curcelego recurvata*, *Canna* sp., and *Phalaris zizanoides*. He affirms to having seen orchitis cured in four or five days by means of this powder.

In the residence of Palembang the crushed leaves of the *Aroy kirippat*, an energetic astringent, are employed as a hæmostatic. The same use is made of the *filamentous wool* which covers the top of the trunk of the *Pakoekilang*. Likewise of the *filamentous matter* which covers the bark of the *Penghawar diambi* (*Polypodium* C. *Cybotium*, Coromez, L.) with a fine, hairy, silk-like coat. This powerful hæmostatic, without odor or taste, contains tannic acid and certain resins.

Australia is the home of the giant *Eucalyptus*, of which Hale gives us a fragmentary proving. Dr. Trista, of Spain,

who was the first to study the plant and its products, assigns to it antimalarial properties. The oil (*Eucalyptol*) is said to be a valuable antiseptic in surgical dressings. It has also been highly praised as a remedy for diseases of the air-passages.

But the flora of this great island of immense deserts, although original, offers little variety. There Sidney Ringer studied *Duboisia*. Its alkaloid, *Duboisia*, is a mydriatic, equal, if not superior, to *Atropine*.

The savages of this country employ the *Pitburg*, also called *Pitcherine* (Müller thinks it is the *Duboisina hopwoodie*), to increase the muscular power and gain courage in combats. Large doses bring about a kind of furious mania.

French physicians are studying and making use of some valuable plants of New Caledonia. Among them is the *Fontainea Pancheri*, thoroughly studied by Heckel, who has extracted from the seeds an oil which, externally as well as internally, is superior to *croton oil*. Two drops will induce purging, followed sometimes by colic, rarely by vomiting. A single friction will suffice to produce on the skin a pustular eruption, at the end of five or six hours, while, to obtain an equal result with the *oil of tiglium*, we have to give two or three frictions, and wait from fifteen to twenty-four hours. In one word, the *oil of fontainea* is a less violent, more manageable and efficacious rubefacient.

Heckel has also made experiments with the *oil of tamanu* (*Calophyllum inophyllum*), and the results led to its employment, in the shape of a cerate, against inveterate, malignant, and phagedenic ulcers.

The *Viaoule* (*Melaleuca viridiflora*), a plant very common in New Caledonia, and which differs little from the *Melaleuca*, from which the celebrated *oil of cajeput* is obtained in the Moluccas, gives an essence of agreeable odor. This essence, which could be obtained at a much cheaper price than the oil of cajeput, has been recommended by Bavay as a good revulsive.

The small cells of the pericarpium of the *Anacardium nut* contain a caustic oil, which has been applied successfully to warts, exuberant granulations, etc., to eat them down; and the whitish milk which runs from incisions made in the shell is also a cathartic juice, which, brought in contact with the skin, produces a miliary eruption, followed by painful ulceration. Bavay thinks that this juice, when fresh, could also be employed as a revulsive.

The oil extracted from the *Gemecarpus anacardium occi-*

dentale plant, related to the foregoing, has been, for a long time, used by Brassac in tubercular lepra.

Tahiti possesses also a rich medical flora. The purgatives most in use there, are the bark of the *Oorao* and the *Urostigma prolixum*. The *Wickstræmia Forsteri* is an emetic, purgative, and antibleorrhagic, and it is said to be even an anti-syphilitic.

The bark of *Casaurina* has been employed, not only in Tahiti, but in Pondichéry, as an astringent and tonic.

About the plants of the numerous islands of Polynesia we know very little, and to my knowledge there is only one I can mention, namely, the *Kava* (*Piper methysticum*), of which Allen gives us an extensive pathogenesis. It is a sacred plant, much venerated by the Polynesians, who take it habitually in the shape of a drink made by chewing it, on account of its exhilarating effects. The preparation, as well as the ingestion of the liquid, are attended by great ceremonies, and only male adults have the precious privilege of partaking of it.

The excitation it produces upon the nervous centres is very peculiar, and differs essentially from the ethylic inebriation. Dupouy calls it *kavaic excitation*.

Another important use of *kava* is illustrated in the following narrative: "On the 29th of June, 1874, the despatch boat *Hermit* was lost in front of the Islands of Wallis. Mr. Dupouy, the physician of the boat, found himself on a small island, called *Nukutea*, deprived of his pharmacy, which the sea had washed away, and, with many of his men, suffering with urethritis contracted in Tahiti. The queen of this hospitable island sent him the *kava*, and from the start the curative effects were marvellous." "In fact," says Férís, of Brest, "it has, above other blennostatic agents, the following advantages: It does not produce diarrhœa or constipation; it is pleasant to take; it increases the appetite; and, finally, it brings about a cure, either of acute or chronic cases, with extraordinary rapidity. The anticatarrhal action seems to be due to a resinous substance, and the diuretic to the *kavama*, a neutral crystalloid discovered by Cuzent."

I have just read, in the *Scientific American* (September 19th, 1885), an account of a plant belonging to the Apocynaceæ, called "*Strophanthus hispidus*," introduced by Professor Fraser to the Pharmacological and Therapeutical Section of the British Medical Association at Cardiff, England. It yields an active principle of intense activity, named *Strophanthin* by the above professor, and is said to be extensively used in many parts of

Africa as an arrow-poison (under the name of "*kombe*" in the Mangauga district, and "*ince*" in Senegambia and Guinea). It was given out as a new and valuable heart remedy and diuretic, and, in physiological action, allied to *Digitalis* and other members of the *Digitalis* group. It was also reported to have been used, both experimentally on animals, and clinically in the wards at the infirmary at Edinburgh. The hypodermic dose used is from $\frac{1}{120}$ to $\frac{1}{60}$ of a grain.

By the review I have made of these different drugs, the amount of material at our disposal, and the possibility of increasing our therapeutic resources will be easily seen.

I only hope my work will never serve to lead any one to empiricism. Only after proving a drug thoroughly is it that we can apply it successfully to the cure of the sick.

GRAEFE OPERATIONS FOR CATARACT.

BY W. H. WINSLOW, M.D., PH.D.,

Ophthalmic and Aural Surgeon to the Homœopathic Hospital of Pittsburgh, Pa.

CASE I. A decrepit Irish gentleman, in fair health, H. B., of Pittsburgh, Pa., aged 81 years, had senile cataract in both eyes of several years duration. The lenses were very dark in the centre, but the pupils were active and the fundi gave good reflexes. There was considerable fulness of the conjunctival vessels and more atheroma in radial and temporal arteries than I liked, but friends were urgent, the new oculist was on trial, and a Graefe's operation was made upon the left eye without an anæsthetic.

The steps of the process were the same in this and other operations with exceptions noted. I dropped in some atropine solution, introduced a stop speculum to separate the lids, seized the ocular conjunctiva below the cornea with toothed forceps and rolled the globe downwards, introduced the slender knife just outside the corneo-sclerotic border into the anterior chamber, pushed it across, made a counter puncture and cut upwards so that the vertex of the wound was entirely in the cornea; then I passed forceps to assistant to steady the eye, introduced the iris forceps, drew out the iris and cut off a portion with the scissors; seized the cystotome and incised the capsule by a cross cut (sometimes around the periphery *a la* Knapp); made counter pressure above wound and pressure below, and behold the lens in the delicate shell spoon that is furnished for the delight of particular and æsthetic oculists.

Drs. McClelland, Pitcairn, Seip and Gangloff were present, the latter assisting. The eye was bandaged, the patient and nurse instructed, and Aconite 3^x given every two hours. During the night, the old fellow was restless, had hallucinations, and removed his bandage, which was re-applied. Later, he tore it off violently and rubbed and scratched his eye, and resisted the nurse's attempts to control him and re-apply the bandage. It was put on finally and he slept the balance of the night.

I found him, at 8.30 A.M., suffering pain in his eye, and, upon removing the dressing, a large blood clot and some vitreous protruded from the eyeball through the incision. These were cut and teased out and the eye dosed with Atropine and bound up, but panophthalmitis resulted with its consequent atrophy. He was twenty-seven days under treatment.

It is difficult to determine whether the eye was lost through spontaneous rupture of a diseased choroidal vessel, a solution probable on account of the atheroma and his advanced age, or from traumatic injury by the patient. At any rate, I washed my hands of the responsibility.

CASE II. A thin, nervous American lady, Miss C., of Pittsburgh, Pa., aged 39 years, had been blind for six years from cataract, which was gray and dense and appeared hard by the usual tests. She had had much neuralgia in her eyes and temples, the pupils were sluggish and the reflex uncertain, but the globes and appendages were healthy. She kept house for her brother, who was a minister, and was rather melancholy. I did not care to operate upon her very much, as I anticipated a poor result and a good deal of worry from after treatment.

Dr. Caruthers administered the ether and assisted me. I never knew a better assistant. I took the right eye, had just snipped off the piece of iris and was introducing the cystotome, when *presto* out came a semi-fluid lens. I introduced a spoon to remove some fragments that could not be gently rubbed out, and a bead of vitreous appeared. It did not take me long to drop in some Atropia, close the eye, plaster and bandage. Nux vom. 3^x was given every half hour, to counteract slight nausea, which happily was not followed by vomiting.

There was some pain in the eye for several days, for which I gave Bell. 3^x, but I did not disturb the bandage till the fifth day. Then the eye was much congested and the iris was caught at the edges of the incision, but the wound had united and the coloboma was clear. The eye was washed and Atropia solution instilled daily, and the bandage was kept on another

week. There was much neuralgic pain about the head and eyes, first one side and then the other, and Acon., Ars., Bell., Gels., Spigelia and other medicines were given as the symptoms varied, but the eye steadily improved and everything went well. At the end of four weeks, I had earned my fee and discharged the patient, having fitted spectacles + 11 D. for general use, which gave $V. = \frac{2}{3} \text{ Sn.}$

Five years later, V. had risen to $\frac{2}{10}$, she was married, and consulted me about her little girl's eyes. Thus a miserable woman was made useful and happy.

CASE III. A good natured, healthy man, C. M., of Indiana, Pa., aged 64 years, who had spent his life farming and blacksmithing, came down from Indiana County for operation for cataract. He had been blind in the eye last affected, for a year, and both eyes showed uncomplicated, hard nuclear cataract. Ether was administered by Dr. Gangloff, and I made a Graefe operation upon the right eye without accident. The lens was quite hard, but nevertheless a little cortical matter was left in the eye which was finally absorbed.

The bandage was removed the fifth day, the wound had healed, and there was very little redness. The seventh day, I permitted the man to go about the hospital, $V. = \frac{2}{6} \text{ Sn.}$, the lacerated capsule had drawn across the coloboma in such a way as to obstruct direct vision—he seemed to peek over the upper crescentic edge of it. I dilated the pupil, inserted a needle at the lower border of the membrane, and tore it in two flaps, which shrank back to right and left and gave a clear pupil and a $V. = \frac{2}{30}$ with + 10 D.

The eye was perfectly well in two weeks, but I kept him under observation one month, then gave him spectacles of + 13 D. for reading.

He left the hospital one morning early and sent word to me, "Tell the doctor I read a chapter in the Bible before I started."

This man's vision was good three years later.

CASE IV. A Scotchman of broken health, dissipated habits, and specific history, M. H., of Washington, Pa., aged 28 years, had a hypermature, nuclear cataract of the left eye, with annular synechia and attacks of recurrent iritis. He had T. + 1, little perception of light, and injection of pericorneal zone.

I made a Graefe incision without anæsthesia, assisted by several dispensary doctors, tore away the adhesions of the iris with a hook, made an upward iridectomy and extracted the lens in its capsule with a Levis' loop. The lens substance was nearly

all absorbed, the capsule very thick, white and calcareous, and the iris rotten so that it tore, and came out in pieces. There was very little hæmorrhage from the iris, but considerable from the conjunctival vessels.

I gave Acon. 3^s internally and instilled Atropia freely every day to counteract the iritis. The eye did very well, healed slowly, and left an irregular shaped pupil, but V. = 0. The ophthalmoscope showed shreds in the vitreous and changes from old choroiditis.

The neuralgic attacks were cured, however, and the man was able to go to work as a gardener.

I have never seen him since.

CASE V. Miss U., a thin, nervous, but healthy lady of Allegheny, Pa., aged 54 years, who had been blind for all practical purposes for six years from hard nuclear cataract, decided to have an operation by recommendation of her family physician, Dr. J. H. McClelland. The doctor gave the anæsthetic and assisted me. The patient was somewhat restless under the ether, and the various steps were slowly performed.

I operated upon the right eye and had made the cystotomy and extracted the lens, when there followed immediately a great gush of fluid, and the cornea collapsed to a frightful extent. There seemed to be no damage done, but I thought there must be some fluidity of the vitreous from the great quantity of fluid discharged, and applied plaster, cotton and roller, with a heavy heart. There was a little vomiting afterwards, for which I gave Cinchona θ in water.

From the very first night, there was a violent neuralgia of the right trigeminus, and this was fought by remedies, while the eye was treated to warm instillations of Atropine and various fomentations, as it healed slowly but well.

For six weeks, I visited this case two to three times a day, and rung the changes of the materia medica without much relief. However, at the end of six weeks, the pains gradually ceased, the eye was well, the pupil clear, a shade was ordered to be worn awhile longer, and the patient was discharged, V. = $\frac{20}{40}$ Sn. with a +10 D. I fitted her later with a +13 D. for reading, and read she has persistently for the last six years, and her eye is still in excellent condition.

Some two years ago, I found her V. for distance had risen to $\frac{20}{30}$ Sn. Thus the gloomy prognosis just after the operation was wrong, and an apparently doubtful case came out in the end to be one of my best.

CASE VI. A poor, debilitated, sickly German woman, M. B.

of Greensburg, Pa., aged 56 years, was introduced to me by Dr. W. H. Martin, of Pittsburgh, for operation for cataract of several years' duration. She lived at Greensburg, and it was deemed advisable to put her in the Ophthalmic Department of the Homœopathic Hospital, where she could be well fed and carefully watched. Her health was miserable. She had the anæmia and general disturbances which attend chronic malarial cachexia and was timid and melancholy.

Both eyes showed opaque lenses of hard nuclear cataract. Pupils were rather sluggish and reflexes poor. Dr. Martin administered the ether and assisted me. I operated upon the right eye in the usual manner without accident. Recovery was slow but sure. A slight malarial fever came on the second week which was treated by medicines, and it seemed not to affect the progress of the eye toward recovery.

At the end of the fourth week, with $+ 11 \text{ D. V.} = \frac{1}{7} \frac{5}{0} \text{ Sn.}$ I gave her $+ 20 \text{ D.}$ for reading, but she did very little of it, because some folds of the capsule and some spots of pigment upon it blotted the print here and there, and then she was not of a literary turn of mind. No after operation was attempted on account of her poor health, and she was well contented with what she had. I saw the patient about a year later with a slight scleral staphyloma, plugged with the dark iris, but vision was unaffected by it, and it called for no remedial interference. Her health had much improved and she was contented and happy.

CASE VII. A strong, healthy Irishman, J. K., of Golden, Colorado, aged 68 years, undergoing fatty atrophy from age and potheen, came all the way east to have his "eyes fixed" as he expressed it. Both eyes had hard nuclear cataract, the right immature, the left mature and blind for six months.

It was June and very warm weather, the patient was suffering from heat and plethora, and I decided to operate without any anæsthetic. I had Dr. Gangloff as assistant. I made my incision with some difficulty on account of the restlessness of the man, and cut off a beautiful crescentic segment of the iris, (?) which disappeared from view, along with the upper border of the iris, and out came the lens, as the speculum dropped out and the lids were snapped together. The whole operation was over so quickly that it made me whistle. I did not see the knife cut the iris, and I could not find any cut iris in the eye or the escaped aqueous humor. The upper margin of the iris was drawn back so closely behind the arcus and wound that no kind of illumination would show the character of its

edge. The sides of the iris joined the upper edge smoothly as if drawn by a thread. There was no change in appearance while the man was under observation, the pupil was a beautiful, symmetrical, vertical oval, and I neglected to try a myopic, being too busy fighting inflammatory symptoms.

I rather conclude upon the whole that I did not cut the iris, but that the lens squeezing through the pupil, paralyzed the upper half of the circular fibres of the iris.

The edges of the wound were coaptated, a drop of Atropia instilled, and the eye bandaged as usual. The fifth day, the bandage was removed, the patient could see my fingers, the eye was washed, Atropine instilled again, and the dressing re-applied. I discarded dressing for a shade the tenth day. There was a band of capsule across the pupil interfering with the sight, and $V. = \frac{1}{4} \frac{5}{0}$ Sn. I introduced a needle and tore the capsule, which immediately improved the sight.

I fitted him with + 13 D. for distance, with which he had $V. = \frac{1}{2} \frac{5}{0}$ Sn.—an excellent result considering the complication. I heard one year after that vision was still good, and he was helping his son keep a grocery store in Colorado.

CASE VIII. A feeble, retired gentleman of Irish descent, S. D., of Hawkins, aged 65 years, was sent to me by Dr. C. F. Bingaman, his family physician, for examination of the eyes. I found nuclear cataract of both eyes, the right not ripe, the left mature, and of such a peculiar bluish-gray that I was in doubt as to its consistency. The radial and temporal arteries were atheromatous and the iris rather sluggish, but reflex was good and the eyeball appeared healthy by usual signs. One oculist had refused to operate on him for fear of a disaster.

Dr. Bingaman gave the ether and we preceded it by an ounce of whiskey in water. I made the usual incision, the lens capsule ruptured, and the cheesy soft cataract came welling out the wound. I removed all I could, and as the iris bulged and some lens matter got behind it, I attempted to make an iridectomy. The result was that the whole sphincter of the iris came off in the forceps and the eye filled with blood. I got out as much blood as possible and closed the eye without any hope of vision.

The wound healed kindly, some of the blood was absorbed and the remainder mingled with the vitreous and left a gray, speckled, opaque eye ground close against the cornea. The patient said he could see objects months after the operation, but as his mind was feeble I regarded his statements as doubtful.

CASE IX. An American mechanic, in good health, S. G., of

Pittsburgh, aged 66 years, had hard nuclear cataract in both eyes, incipient in the right, mature in the left eye.

I made a perfectly normal operation upon the left eye, assisted by Drs. King, Pitcairn and others. The bandage was removed the fifth day, and every thing looked so well that it was not re-applied. I gave him glasses + 13 D. for reading and + 10 D. for distance, which gave V. = $\frac{20}{30}$ Sn. He was discharged and went home in two weeks, and I have never seen him since.

CASE X. A healthy, but rather feeble American lady, Miss H., of Pittsburgh, Pa., aged 75 years, had been blind from senile cataract several years, and was sent to me by Dr. Duke, the family physician. Two years before, she had an operation by Dr. S. which resulted in collapse and destruction of the right eye. The left appeared healthy except for a hard nuclear cataract, which I was not averse to removing, especially as she had been persuaded away from me by some ardent allopathic relations for the first operation, which had resulted so disastrously.

The arcus was quite decided, but the reflex was red and good. Dr. Caruthers gave ether, and I made an excellent Graefe without accident. Recovery was rapid and uncomplicated. She was discharged the tenth day well.

Spectacles + 14 D. gave V. = $\frac{20}{30}$ Sn. There were a few spider-web-like folds in the capsule of the lens, which I decided not to needle, as the result was so excellent. This woman has been under observation now five years, her eye is in the same condition as when she was fitted with glasses, and she has continued to read, sew, go around and enjoy life all these years, which should encourage us to operate upon every case in old people when there is no positive contraindication.

(To be continued.)

CARE OF THE EYES IN CHILDHOOD AND YOUTH.

BY W. H. BIGLER, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homeopathic Medical Society.)

IN some children a purulent discharge from the eyes has been noted immediately after birth; other cases have been recorded where children have been born with corneæ already destroyed; and still others where leucomata, the result of antenatal inflammations, have been found.

Statistics, both here and in Europe, show that about one-

third of the cases of blindness have resulted from the purulent ophthalmia of children.

In 1881, Dr. Emory Jones, of England, stated that in an asylum for the blind, visited by him, fully 75 per cent. of all cases of blindness might have been avoided!

When we consider the amount of suffering and distress entailed by blindness, and the loss to the community involved in the maintenance of its blind members, surely no more convincing arguments than the above facts are needed to prove the duty to make ourselves conversant with the means of preventing preventable blindness, and to spread a knowledge of the same among those most likely to profit by it. Prevention has always been deemed superior to cure, and while the latter frequently falls entirely within the province of the specialist, the former belongs to the duties of every physician.

It has been shown (Kühne) that the bacteria present in all secretions of the vagina can pass through animal membranes when these are moist; and that they do so, and are the cause of infection, is proved by the instances of destructive purulent inflammations of the eyes occurring in the unborn child, as mentioned above. Hausmann found in the first few minutes after birth the microscopic constituents of the vaginal secretion in the conjunctival sac of the infant. After normal presentations and births, this secretion is at first only on the lashes and lids, but it begins to enter the sac as soon as the eyes are opened.

Remembering the sometimes terribly disastrous effects of ophthalmia neonatorum, we see that our care of the eyes should really begin before the birth of the child if we would surely guard against its occurrence. The following points will be sufficient for our guidance:

1. All not absolutely necessary digital examinations should be avoided whereby infection either from the examining finger or from the vaginal secretion might be conveyed to and through the os uteri.

2. Any leucorrhœa existing during pregnancy should, if possible, be cured, or if still existing at the beginning of parturition, the vagina should at once be thoroughly cleansed with injections of a warm disinfecting solution of Carbolic acid, Boric acid, or of the bichloride of Mercury.

3. When this has not been done, the eyes of the child at birth should be at once washed out with a 2-4 per cent. solution of Boric acid, or thoroughly disinfected according to one or other of the methods to be described.

Crédé, in 1880, after reducing in an insignificant degree the number of diseased eyes in the Leipzig Lying-in Hospital, by half-hourly washings out of the vagina during parturition, introduced the following routine practice: Immediately after birth, the eyes of each babe were washed with tepid water; a drop of a two per cent. solution of the Nitrate of silver was then instilled into each eye; finally, cool compresses moistened with a two per cent. solution of Salicylic acid were applied for the first twenty-four hours. In Berlin, Hausmann and Ols-hausen had the closed lids washed at first with a one per cent., later with a two per cent., solution of Carbolic acid, immediately on the birth of the head, and afterward the eyes with the same solution when the birth was completed.

A. v. Graefe washes the lids and eyes with a two per cent. solution of Carbolic acid immediately after birth, and repeats it every twelve hours in the first two days.

Carefully gathered statistics show that of these methods that of Crédé is most effectual, virtually preventing entirely the occurrence of ophthalmia neonatorum.

We have found a solution of Boracic acid as effectual as Nitrate of silver in several pronounced cases of this disease, and would not, therefore, hesitate to trust to it as a prophylactic unless the dangers of *specific* infection were evident. These measures will, of course, be more frequently called for in public institutions and in connection with our dispensaries, but should be known to all practicing physicians and midwives, who are liable at any time to be called upon to attend a case where they would be applicable.

The poorer classes of the people should, in all possible ways, be made acquainted with the dangers attending on ophthalmia in very young infants.

So important has this appeared in Great Britain that a Society for the Prevention of Blindness has been formed, and it has taken active measures to disseminate a knowledge, particularly, of the risks run by neglect of this disease.

Dr. Solomon (Birmingham), in a paper read before the Staffordshire Branch of the British Medical Association, suggested that every note issued for the parish midwife should be accompanied by a packet containing sixty grains of alum, and bearing a label reading as follows:

"Lotion Powder for the Baby's Eyes. Directions: Dissolve this powder in a pint of clean water. Directly you see matter come from the baby's eyes, clean it away every two hours with a bit of wool or rag, and then thoroughly wash the inside of

the eyelids with the lotion. If the eye looks weak and does not matter, use the lotion every four hours. Get a doctor as soon as possible. Eyes that matter, if neglected, often go stone-blind."

The true so-called ophthalmia neonatorum, resulting from infection during the birth, will show itself within the first three or four days; some time after this, within ten days or two weeks, a catarrhal conjunctivitis may arise, which is often mistaken for it, but which is not at all dangerous unless neglected; to guard against this, the infant's eyes should be protected from all strong light and strong currents of air. Too warm water is to be avoided in the ordinary washing of its eyes.

A constant insistence on the infectious nature of all discharges from the eyes, by physicians, will do much to prevent the spread of eye disease in public institutions and in the families of the poor. In foundling institutions and public homes, 25-50 per cent. of the ophthalmias are traceable to having sponges, beds, and nurses in common. Quarantine, and isolation of the sick, and of all articles used by them, are the only means of checking the spread of such diseases—together with a prompt recognition of a threatened attack, and its immediate suppression by an external disinfecting solution.

Dr. Cseri, in a paper read before the Society of Physicians, in Buda-Pesth, gives as his conclusions, arrived at from a study of the vulvo-vaginitis of girls between the ages of three and ten, that a large proportion of them, especially the chronic forms, are distinctly infectious; that, in this form, there is always present a characteristic coccus, not to be distinguished from the gonococcus of Neisser; and, what especially concerns us here, that there is great danger to the eyes if any of the secretion is brought in contact with the conjunctiva; and that infection is carried through bed-linen, public bath-tubs, etc. Prophylaxis consists in isolation of the children affected, and in disinfection of the underwear. It is well for us to note the possibility of infection from such a source, in order to guard against it.

When the child begins to attend school, besides the danger of contracting some form of infectious eye disease, it is liable to acquire myopia—nearsightedness—especially if the tendency to it is hereditary in the family.

Königstein (Vienna) found, among 281 newly-born infants, not a single myopic eye, and it has been conclusively shown that not only does the number of nearsighted scholars, but the

degree of myopia, increase in the higher grades of the schools. Since a nearsighted eye is always an unsound one, we should endeavor, by all means, to counteract this tendency. It is well known that too great convergence of the eyes, causing increased pressure upon the balls by the active external muscles, plays a most important part in developing and increasing the degree of myopia, the essential feature of which is a too long eyeball. Our first object, therefore, in the care of the eyes during this formative period of life, is to see that the necessity of too great or too long continued convergence be removed.

The amount and kind of illumination is here of primary importance. The light should never strike the eyes directly, but always the object to be seen, and should be of sufficient intensity to allow the object to be kept from 12" to 18" from the eyes. The source of the light should be to the left of or above the scholar. The type to be read should also not be too small. Cohn has calculated that the height of the smallest *n* should not be less than 1.5 mm., and its least thickness .025, the longest line 100 mm., and the number of words in a line not more than 60. It has also been demonstrated that characters written on slate, *i. e.*, white on black, must, in order to be equally legible with the same amount of illumination, be placed *nearer* to the eye than characters of the same size written on white paper with pen and ink, and that these distances are about in the proportion of 3:4. In many schools, pen and paper are now used to the entire exclusion of the slate. As this is attended, especially in the case of the younger pupils, with many inconveniences, it would, perhaps, be well to seek to further the introduction of something like the artificial slate originated by Cohn, which is white and is written upon with a specially prepared lead pencil.

A commission, appointed in Wurtemberg, carefully investigated the question of the best position to be assumed in writing. It found that the base line, *i. e.*, the line connecting the pupils of the eyes, continued down to the point of the pen, always had a tendency to form nearly a right angle with the heavy down strokes of the letters. Hence, if the copy-book with the usual slanting script be placed perfectly straight to the right, the child will twist its head and body to the right, while if placed obliquely, directly in front, he will, or at least can sit straight. If the obliquity be too great, he will turn to the left. Such contortions, habitually maintained during hours of study, are a prolific cause of spinal curvature and, indirectly, of myopia. Hence, the copy-book should be placed in an oblique position, directly in front of the scholar.

Schubert (Nuremberg) recommends that slanting characters be abolished in writing, and that the book be placed straight and directly in front.

The care of the eyes during this important period calls also for a due regard to the length of time which the young are compelled to devote to study, at school and at home. A recess of fifteen minutes after every hour of study, and of half an hour at the end of every third hour, as proposed by Cohn, would find more favor, I think, with the scholars than with their parents, but a division of the school day into two sessions of three hours in the morning, and two in the afternoon, as prevails here in the public schools, is preferable to one session. With the proper short intermissions and variety of employment, the eyes of scholars need not suffer from five hours' application in school. The state of the refraction of the student is a matter of paramount importance, since study under the disadvantage of imperfect vision, is generally followed by most serious consequences in the nervous system. Apparent stupidity and dullness of comprehension has often arisen from faulty vision, and has speedily been corrected by the proper glasses. Disinclination to use the eyes for near work, an irritated, reddened appearance of the lids, and the characteristic motion of pressing on the eyes after using them, or while using them, should at once draw our attention to the refraction. Where the discomfort is continuous, suspect myopia, and possibly astigmatism; where immediately after using the eyes, hyperopia. Whether our care of the eyes requires us to insist that glasses be worn or not, can only be decided after careful consideration of all the circumstances of each individual case, but always in the light of these two principles, that, in the hyperopia the use of the eyes should be freed from all sense of discomfort, and that in myopia we lessen the danger of progressive increase in the same degree that we lessen the necessity for convergence. We will usually find that very low degrees of astigmatism often produce great distress, and require to be corrected by glasses, while much higher degrees of uncomplicated far- or near-sightedness may be attended with but slight discomfort, and be amenable to internal medication.

The fit of the frames of the spectacles is of almost as much importance as the correctness of the glasses. A poor fit may counteract the effect of the best selected glasses. It is well to remember that in hyperopia the correcting glasses may be entirely suitable, and yet by being placed too far apart may cause the greatest distress by interfering with the requisite conver-

gence. Such glasses should be placed for reading, etc., rather closer together than the actual pupillary distance, producing thereby a prismatic effect, and relieving the internal recti muscles.

Before closing this subject it may be well to refer to the use of colored glasses. By this practice, so common at the present time, many eyes are rendered weak and sensitive which would otherwise remain healthy. At the seashore, or when the ground is covered with snow, and the sun is shining, some protecting glass is grateful, although in the fewest cases absolutely necessary. Green glasses should never be used. For ordinary sunlight, London-smoke, or the Arundel tint are to be preferred, while for very intense lights, or where there is an inflammatory condition of the inner eye, blue are more beneficial. Too deeply-colored glasses, or the long-continued use of any kind of tinted glass, is apt to bring about a condition of hyperæsthesia of the retina difficult to overcome, especially in nervous hysterical females.

The consideration of the dangers and discomforts of adult eyes, and the care necessary to avoid them, we will reserve for some future time.

A HOMŒOPATHIC VIEW OF URETHRAL STRICTURE.

BY JOHN C. MORGAN, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

IF we mention *urethral stricture*, we instantly and properly think of a former gonorrhœa. The well-informed physician also as quickly thinks of a present *gleet*. It is true, there are *traumatic* cases and there are purely spasmodic ones, but they call for no special notice. Gleet is, in my experience, the ordinary concomitant of that organic contraction of the urethra which follows acute gonorrhœa, and, on the use of the olive-bougie, the muco-purulent secretion is readily dragged out from behind the stricture, and its nature can then be verified by the microscope, consisting as it does of some epithelial- along with myriads of pus-cells.

In view of this pathological fact, together with the known liability of gleet to be exacerbated into active and contagious gonorrhœa, we may explain several things. First, the occasional outbreak of jealousy in an old sport, married to an innocent woman; he discovers himself acutely gonorrhœic, and learns from his wife that she also has an irritating discharge, whilst she may likewise think herself wronged by recent dereliction

on his part. All of this comes from the reawakening of acute inflammation in the site of an old and, perhaps, scarcely suspected gleet.

At the same time, without doubt, a careful exploration of his urethra would show that he has a "stricture of large calibre," as it is now called; that, whereas, to use the phrases ascribed to Sir Henry Thompson, his canal will readily accept a No. 9 English catheter, and is thus "a good-enough urethra for all practical purposes," he is positively unsound—has a chronic stricture—perhaps more than one—and behind it, is a focus of chronic, more or less contagious, purulent inflammation.

Secondly, in the foregoing observations we find the basis of fact for the startling announcement of Dr. Noeggerath (allopathic), of New York, about ten years ago, viz., that "no woman can be healthy who is married to a man who has ever had gonorrhœa." Of course, he must include the men treated and "cured," as asserted by his talented colleagues, Drs. Otis and Keyes, and many others, with their modern as well as ancient instruments—in short, by the whole allopathic armamentarium, with all the latest improvements, medicinal and mechanical, internal urethrotomy, and all. And his dictum remains to this day, their unrefuted condemnation! Apropos, the October number of the *HAHNEMANNIAN MONTHLY*, page 631, presents observations from Mr. Reginald Harrison, showing internal urethrotomy, as usually practiced, in a decidedly unfavorable light, owing to the necessarily septic after-conditions, and to which, therefore, he has been obliged to add an external opening in the median line for drainage purposes.

Thirdly, Dr. Noeggerath has thus done us a double service; having added unconscious testimony to the scientific status of Hahnemann, besides affording us a new generalization for the treatment of women's diseases, viz., by *anti-sycotic* drugs, such as *Thuja*, *Nitric ac.*, *Cinnabaris*, etc., definitely addressed to this latent vice of constitution, and to local lesions connected therewith. If we accept Hahnemann's *sycosis*, as he states it, as a chronic miasm, the fruit of gonorrhœal infection, and as a latent vice serving as a foundation and support to a vast array of chronic diseases, we may easily ally it to modern pathology by invoking lymphatic absorption, pyæmia, and secondary embolism. Indeed, Ashhurst gives currency in his text-book of surgery to the doctrine that gonorrhœal rheumatism is only a form of pyæmia. Hahnemann's chronic sycotic miasm is doubtless of the same order; as is also his latent *psoric* miasm, from suppressed "itch," or rather, eczema.

Fourthly, the so-called allopathic cures of gleet by the *passing of bougies* is thus explained: The expansion of the urethral contracture removes the obstruction in front of the suppurating spot, the site of the gleet, and secures, for the time, *free drainage*, and a measure of consequent healing, whilst the mechanical pressure-irritation may add its effect, curing the old inflammation, as pressure-irritation elsewhere does; and here we say "*irritation versus irritation*," so that it is really a *homœopathic* cure, if any.

What advantage, then, has allopathy over homœopathy, and what triumph has surgery over *medicine* as understood by us? The true answer to this question, as to every such question, will, I feel certain, show that *similia* may still carry off the colors.

Let us consider; why should homœopathic thereapeutics be set up as superior to allopathic medicine and surgery in urethral stricture? We should here discriminate, and should probably set a limit at those of large calibre, if perfect restoration be intended. *Tight* stricture is doubtless a surgical and mechanical affair, largely.

A study of the pathology of this lesion will furnish the *a priori* probability of its cure by drugs, in some instances at least. What is stricture? Simply, increase of submucous connective tissue, and of mucous epithelium, encroaching upon the canal, with more or less of residual chronic inflammation. Now, what is there in this differing from other such lesions—from old inflammatory foci elsewhere? Do we succeed in curing these? Certainly we do. Every old catarrh cured is a case in point; and our successes in this field are legion. The very same drugs which master these are equal to the present case; for instance, *Sulphur*, *Silicia*, *Sepia*; in addition to such remedies as have a particular affinity for the *locality*, the urethra itself, as *Clematis*, etc. In all diseases, we should remember the *locality*, the *symptomatic quality*, and the *pathological nature* afford the signs we seek. All of these are plain in most cases of stricture.

Fifthly, electricity is effective in opening up urethral stricture. Even Kidder's faradic battery (currents AB, BD, and AD) has repeatedly sufficed for electrolysis in these cases; the negative electrode being an insulated metallic bougie, with the extremity exposed, applied to the obstruction within the canal, the positive to the sacro-iliac region; ordinarily, one-half hour suffices to expand it. Is this a homœopathic remedy in stricture? The answer to this question is that electricity acts in

two ways: first, in its milder use, as a vital stimulant, the same as a drug, or as the mechanical pressure before spoken of; secondly, it acts, when carried further, physically, destructively, surgically, in disintegrating the structure of the contracted tissues. This energetic action is, of course, addressed to the structure; but, when this is passed, a brief contact with the inflamed spot follows. This last touch is homœopathic, and the cure of the gleet may be ascribed to it; the previous active electrolysis is a physical and mechanical action, and the resolution of the stricture thereby is comparable with, but decidedly more uniform than, and, in my judgment, superior to, the effects of ordinary dilating and cutting operations; and is, I think, more lasting.

Sixthly. The drugs found effectual in the homœopathic treatment of urethral stricture are, principally, *Clem.*, *Petrol.*, *Sil.*, *Sulph.* In all lesions, anywhere, involving overgrowth of connective tissue, another remedy, *Guaiacum*, should also be thought of, and not least in the present case, from a theoretical standpoint.

Dr. J. G. Gilchrist is a reliable exponent of homœopathic surgical therapeutics, and a successful practitioner of the same; and in a recent paper he has declared that in the majority of cases of stricture he cures by giving, first *Sulphur*^{2c}, until the sluggish symptoms are reawakened into a more active state, thus reversing the usual state of suppressed gonorrhœa, and then following it up with *Silicea*^{2c}, until cured. I have several times confirmed his views and practice.

When I have found, afterwards, a residual gluing of the meatus in the morning, *Natrum muriat.*^{cm}, one dose, has seemed to finish the cure handsomely; as in a late case which had been treated by a homœopathic professor with injections of *Hydrastis*, etc., and supposed to be cured, but the doctor had evidently reckoned without his host, Dame Nature.

For further indications, the work of Dr. Raue on Practice may well be consulted; but, after all, the corresponding rubrics, "Urinary" and "Male Sexual Organs" in the *Materia Medica*, under the drugs mentioned, and others noted in our repertories, with the concomitant symptoms, will best lead us in making the intended prescription.

Having solicited the experience of Dr. Ad. Lippe, he mentions *Clematis*, *Thuja*, and *Sulphur* as the leading remedies in stricture. The indications he relies on are these:

Clematis.—For the difficult micturition, above all. With this, *burning* in the urethra.

Thuja.—Similar to *Clem.*, but with great *itching* in the urethra.

Sulphur.—Development of new troubles elsewhere, while the gleet is getting less conspicuous.

He prescribes in gonorrhœa a single dose at a time, followed by *Sac. lac.* for a day or two, but in stricture, for longer intervals. He also insists on rigid unirritating diet in both.

He testifies that he has *never* had a case of stricture to follow his treatment of gonorrhœa, and that he has cured a multitude of abused cases received from other hands.

Dr. Raue is sponsor for the following therapeutic hints *versus* gleet:

Sulphur.—Little or no sensation; indifferent state.

Calc. c.—Fat, lymphatic persons (after *Sulph.*)

Ferrum.—Discharge like milk.

Natrum mur.—After abuse of nitrate of silver by injection. (Usually prescribed when there is gluing of the meatus in the morning with a glairy fluid.)

Phosphorus.—The urethra is glued together every morning, with a *watery drop*. Enlarged prostate gland. (*Phosph.* has, according to Dr. Mohr, greatly benefited stricture of the œsophagus, with regurgitations.)

Phos. ac.—A few drops of *white* discharge in the morning; prostatic discharge in the evening.

Sepia.—A yellowish drop during the night stains the linen yellowish.

Dr. C. Mohr relates a case cured by *Ledum*. The man had been treated by bougies for gleet with stricture, and then had with every coitus bloody semen. (He had taken for glairy morning discharge, *Natr. m.*³⁰, without result.) Took *Ledum* 6^x every three or four hours for about four days, followed by *Sac. lac.* At the end of two weeks he reported well, and has remained so for more than a year.

The *prevention* of stricture consists largely in the prompt and perfect cure of the antecedent gonorrhœa. For this purpose various good authorities credit the following remedies with efficient action:

Natrum sulph., according to Grauvogl, is specific!?

Aconitum.—In very acute cases with inflammatory activity, painful erections, mental tension, anxiety, and uneasiness; or in older cases with like mentality; or when all the best indicated remedies leave the patient but little improved; particularly men who are naturally vital and vigorous.

Cantharis.—According to Dr. Lippe a single dose, high, is

the remedy for *chordee*; according to Dr. Korndærfer, for gonorrhœa with *burning*, before, with, and after micturition; incessantly, in fact.

Camphora, in the experience of many, is invaluable against *chordee*. It has also cured the relics of a very slow case of gonorrhœa, using fractional drop doses of the ordinary tincture.

Gelsemium is suited, as in other diseases, to sluggish, sleepy, feverish acute cases; with crimson face, tiredness of back and limbs; frequent urging to pass water.

Terebinthina cures, or rather greatly furthers the cure, in all cases where the very acute symptoms have given way to a free discharge; (200th every three to eight hours.)

Petroselinum, according to Dr. Korndærfer, when the discharge is only a glairy mucus. According to Lawrie, "perpetual urgency to make water."

Cannabis indica 2^x, when there is much nervous irritability, or intoxicated sensations, and the discharge is somewhat suppressed; (when very profuse give a few doses of a high potency.) Sudden urging to pass water. Dysury in some cases.

Capsicum, whitish, thick discharge. Burning.

Pulsatilla.—Milky white, or lightly colored pus, unirritating and free; no *chordee*. Mild temperament; averse to close air; better when moving about slowly.

Thuja.—Induration at the site of the inflammation; warty excrescences upon the glans or prepuce. Complaints before, during, and after passing water. Discharge thin and greenish.

Mercurius.—Severe catarrhal inflammation with visible swelling (meatus, or prepuce, or testicle); the urine is dark, and scalds when passing, particularly the last drops, over the inflamed spot. Sympathetic pains. Sympathetic swellings.

Sepia.—Mental symptoms, anxiety, with indifference to home and family; sensation as of oozing and dropping of urine from the urethra; greenish yellowish discharge; burning, but not comparable with that of *Canth*. Gonorrhœa in the female. Sallow skin.

Argentum nit.—The last drops of urine seem to be retained within the urethra. Sensation of internal sore swelling. Dribbling of urine. Purulent discharge.

Sulphur.—Long-lasting cases, tending to develop gleet and stricture; symptoms indefinite, passive. In spite of improvement by remedies they do not seem to hold.

Silicea.—For the relics; when, after *Sulphur*, the improvement at first resulting comes to a standstill; due to conditions similar to those seen externally in tardy ulcers. Sluggish case

with irritable weakness. The case seems to be running into chronic gleet.

Ferrum phos.—In the acute stage, with more or less inflammatory and feverish tendencies (first stage of inflammation).

Kali muriat.—Afterwards, when progressive tissue-metamorphosis prevails ("second stage of inflammation"); secretions (surface of the tongue, etc.) whitish.

Kali sulph.—When retrogressive metamorphosis has set in; yellowish secretions (coating on tongue, etc.); (third stage of inflammation.)

Calc. sulph.—Free suppuration; laudable pus.

As a palliative the topical employment of hot water is useful. The urine may also be used to flush out the contents of the urethra by alternately holding the glans and letting go. For the palliation of an attack of *chordee* the patient should have a large basin, or a foot-tub, at his bedside half full of cold water; whenever awakened by the erection sit down in it.

Plumbum acet. and *Argentum nitric.*—I used these drugs in army practice in the 6th potency, with much satisfaction; the first in ordinary cases, the second when they proved somewhat refractory. The symptomatic indications are:

Plumbum acetic.—Urging to urinate; difficult micturition, sometimes with sensation of a *deep-seated* constriction of the urethra; scalding urine; burning, with and after micturition. Spasmodic erections. Pains and swelling of the testicles. Constipation. °Purulent discharge.

Argentum nitric.—Heat, itching, and titillation in the urethra; urging to urinate. Burning with and after micturition; the urethra feels swelled; the *anterior* urethra feels constricted; the *middle* urethra feels sore and ulcerated, and as if a splinter were pushed into it; a burning drop seems to run along it; the prepuce is ulcerated; the urine cannot be emitted in a projecting stream; shreds of epithelium are passed. °Purulent discharge. *Cubeba*³⁰ has cured subacute gonorrhœa, with swelled (*l.*) testicle.

CONCENTRIC ENLARGEMENT OF THE WRIST IN HEREDITARY SYPHILIS. —Dr. R. O. Ingram of Montezuma, Ga., has observed, in twelve cases of congenital syphilis, concentric enlargement of the wrists. This enlargement has more the appearance as if two fine silk ligatures had been tied around the wrist immediately above the joint, the strands being placed about half an inch apart and tied tight enough to hide themselves in the flesh. To the touch they have all the dense hard feeling that callus does when thrown about a fracture.—*Atlanta Medical and Surgical Journal*, January, 1886.

Miscellaneous Contributions.

THE TREATMENT OF CHLOROSIS.

BY P. JOUSSET, M.D.

(Translated from *l'Art Médical*, Juin, 1885, with remarks by S. Lilienthal, M.D., New York.)

THE principal remedies for Chlorosis are: Ferrum, Arsenic, Argentum nitricum, Cuprum, Pulsatilla, Sulphur.

Our first patient is a young woman of 23 years. She entered the hospital with a broncho-pneumonia, and repeated auscultation shows that she is threatened with phthisis. She took Bryonia and Ipecacuanha, followed by Pulsatilla; but as she showed all the characteristic symptoms of Chlorosis, she was put on two doses of iron (10 centigrams daily) to be taken before meals, and a dose of Nux vomica 6th at night, on account of her nervous excitability and nocturnal restlessness. Three days later she had fever, epistaxis, produced perhaps by the iron, or it might have been vicarious menstruation, as she was amenorrhœic for the last three months, and her treatment was changed to Aconite tincture, followed by Argentum oxyd. 3d trit., in alternation with Pulsatilla 6th. Three weeks later she could be discharged greatly improved, and advised to continue the treatment at home.

Another patient, Blanche, 16 years old, shows a wax-yellow color, and complains of vertigo as soon as she leaves the horizontal position, of complete amenorrhœa, of gastralgia and palpitations, all of which are symptoms of an intense form of Chlorosis. During the first month of her sojourn in the hospital she received Arsenic and Iron, and, as she complained of Gastralgia, Arsenic and Tinctura chinæ, followed by Nux vomica on account of epistaxis. After a trial with Pulsatilla, Graphite and Ignatia, she was put on Argentum, and all symptoms improved, even the gastralgia. Even the menses came back, and gradually she recovered so far that she could be discharged.

(1.) *Ferrum* is the classical remedy, and cures many cases where we meet: extreme paleness with redness from the least effort; dyspnœa and palpitations; anorexia, especially to meat, and desire for acids; vomiting of food taken in the evening; constipation; amenorrhœa; extreme fatigue and œdema pedum. After having tried the soluble preparations, I prefer now the insoluble ones: iron-filings, ferrum redactum hydrogen, pure or the first decimal trituration. Five centigrams is the

largest quantity I use, divided in two doses and taken at the beginning of the two principal meals. The enormous doses, usually prescribed, are the causes of frequent failures. Iron is contraindicated when the patient suffers from cough, diarrhoea or menorrhagia. Trousseau showed that pulmonary phthisis may be started by ferruginous treatment.

(2.) *Arsenicum*, which produces always deglobulization of the blood and hæmorrhage, is the remedy for *menorrhagic Chlorosis*. The third trituration usually suffices, more rarely the second may be indicated. At any rate the treatment must be continued for a long time during the intervals, and where menstruation lasts too long, we may begin to give *Arsenicum* after the fifth day.

(3.) *Argentum nitricum* or *oxydatum* may be considered by some a new remedy, but it is fully indicated by its pathogenesis and by experiments on animals; it attacks the red globules, produces menorrhagia and also amenorrhœa. Headache, anorexia and gastralgia are its indications, and we know that the latter contraindicates iron. I prescribe *Argentum* when iron causes pain in the stomach, whether menorrhagia is present or not, though I do not know its precise indications.

(4.) *Cuprum*, praised by Mondini, was tried, because women, working in copper, become chlorotic, and the *Materia Medica* shows that it produces cramps in the stomach and hysterical symptoms. We still need clinical verifications.

(5.) *Pulsatilla* gives us in the pathogenesis many symptoms of iron: paleness, chilliness, palpitations, diverse neuralgic pains, indifference and laziness, anorexia, nausea and vomiting; retarded menses, pale (more rarely dark) blood or suppressed; dysmenorrhœa; leucorrhœa in the place of menses. But the most characteristic symptoms are the laziness, the horror for every movement and the chilliness.

We hardly think that Iron is indispensable in the treatment of Chlorosis, and I believe that *Pulsatilla* alone will suffice to cure many a case. Hartmann recommends Sulphur in connection with *Pulsatilla*, and following his advice, I am in the habit of prescribing *Pulsatilla* 6th for a week before menstruation, and Sulphur 30th during the week which follows it.

Finally, in rebellious cases of Chlorosis, we must think of hydrotherapy as we thus strengthen the vegetative forces. Sea-bathing is often of benefit; in other cases the use of mineral springs, and in other cases high altitude may be of benefit.

Our hysterical patients improve under the use of *Tarentula*

and Platina, after the failure of bromides or hydrotherapy. In fact the latter is only of use to hysterical patients, when at the same time they are chlorotic. Both of these remedies are able to remove the insomnia, and they modify their nervous state.

I wish to speak yet of *progressive anorexia*, a state whose hysterical nature is well known and characterized by an invincible repugnance to food, a repugnance steadily increasing, at first to meats and hot food, and gradually becoming nearly absolute to everything. One of our patients took only three spoonfuls of rice and milk; another contented herself with caramels, and still another one lived on salad. Many think such cases malingering ones, and that the girls get some food on the sly, but we watched such cases, and feel assured that there is such a state, and that it belongs to *hysterical alienation*. At first the patients keep up their good looks and rosy cheeks, emaciation is slow, and the features remain full for some time. Insufficient alimentation causes disorders of nutrition; the skin becomes rough, dry, of a characteristic violet color and considerably cool. As the weakness increases, the patient is unable to leave the bed. The emaciated person is a mere skeleton, with diarrhoea and œdema of the extremities. Often, during the last weeks, which precede death, the patient tries to overcome her repugnance and tries to eat, but it produces vomiting, and the stomach is now unable to digest anything; whereas at an earlier stage they never vomit, for they feel full and nauseous, sometimes with gastralgie pains, and even washing out the stomach gives them only slight relief. As soon as they take the smallest quantity of food, they complain of epigastric uneasiness, it makes them feel still more weak so that they are obliged to lie down, a red flush spreads over the face, neck and upper chest, and the dilatation of the pupils is remarkable.

Some cases apparently recover; thus a lady got up at night, descended to the closets in the dining-room, found only some patties made from pig's head, ate nearly a pound, and from that moment she seemed to recover, but though she lives now on that food, she still emaciates and loses strength.

Another young lady patient, when death could be momentarily expected, is suddenly taken with an incredible bulimia; she eats and eats and feels never satisfied, digests well, and still it is no cure, for now she is for several days in a lethargic state, passing over a state of *folie hysterique*, with suicidal impulse.

The progressive anorexia is also only a morbid impulsion,

for it may alternate with other irresistible impulses. In one case we observed an impulsion to mutism, in another to walk constantly. I observed this anorexia in families where other members were insane, and I witnessed the same affection in two sisters. One of my patients had a brother suffering from hypochondriasis, and the father of another one succumbed to paralysis agitans.

Our therapy is not quite settled. In one case I witnessed some benefit from *China*. *Conium* cured several times the same patient from successive relapses. *Opium* removed once the flush from the face and neck, and eased the gastralgia. *Pulsatilla* triumphed over a diarrhœa, but that is all. *Argentum*, *Ferrum*, *Sepia* were tried. *Tinctura Ignatiæ*, five drops before meals, produced in one case a rapid cure.

Hydrotherapy is here worse than useless, for they are unable to react against it, and electricity also fails. Travelling may be highly recommended.

Moral treatment may succeed in such progressive anorexia. One patient was ordered by a Sister of Mercy to eat daily a raw egg or die. She obeyed and got well. In another case the priest commanded that this repugnance must be done away with ; she ate and finally got well.

In the tenth volume of the *HAHNEMANNIAN MONTHLY*, page 441, there is an article on *Ferrum* in *Chlorosis*, and where *Iron* is compared with *China*, *Arsenicum* and *Phosphorus* (it ought to be compared also with *Argentum met.* and *Nitricum*). Clotar Müller remarks that *Iron* suits especially those cases which appear with frequent, but easy, vomiting. Sorge often observed severe cardialgia in *Chlorosis*, which was relieved by the second dilution of *Tinct. ferri acet.* The short-lasting sanguineous congestions produced by *Ferrum* are well-known, and instead of being used routine fashion in *Chlorosis*, Kafka restricts its use to simple uncomplicated cases of *Chlorosis*, with or without simple, uncomplicated cardialgia. Grauvogl recommends it in *florid Chlorosis*, with disposition to phthisis, hæmoptysis, menorrhœa, etc., and Bane (3d edition, 932) gives the following symptoms: *Anæmia*, characterized by great paleness of all the mucous membranes, especially that of the cavity of the mouth, by the bellows-sound of the heart and anæmic murmur of the arteries and veins ; by great paleness of the face, which, however, is very apt to become suddenly fiery red, with vertigo, ringing in the ears ; great palpitation of the heart and dyspnœa. All the muscles are feeble and easily exhausted from slight exertion ; frequent

vomiting of ingesta, especially after eating and from motion; cardialgia; menses suppressed or watery; general emaciation; œdema of the body; cool skin; constant chilliness and evening fever, simulating very closely hectic fever. Clotar Müller found Iron often useful in plump and fat women suffering from migraine and anæmic headaches with paleness of the mucous membranes of the mouth and eyes, and *bruit du diable*. According to some authors we even find Ferrum indicated in cases of great hæmorrhagic tendency, the whole caused by qualitative changes of the blood, especially a diminution of hæmoglobuline, but no dyscrasia.

Raue (*l. c.*) recommends *Arsenicum* for trembling, frequent fainting, excessive debility, *pernicious anæmia*, and Jousset considers it the remedy for chlorosis-menorrhagia, as Arsenic causes deglobulization of the blood. It is more than questionable whether such cases ought to be classed as chlorotic ones, as pernicious anæmia differs too much from genuine chlorosis, although the similarity of the symptoms cannot be denied. The patients may still show, even in death, some plumpness, though they complained during life of more or less severe palpitations, with dyspnœa at the least movement (irritable weakness), atony of digestion, and sensitiveness to ingesta; great exhaustion, debility, and fainting at the least attempt to rise, or to change position; moderate dropsy! a doughy œdema of the legs: serous effusions in pericardium and pleura (no albumen in urine). It is a clear case of *hydræmia*, in which nothing abnormal has so far been detected in the different organs (*Ziemssen*, xiii., *g. e.*, page 620). Immerman mentions, among the hæmorrhagias especially, epistaxis, bleeding gums, menorrhagia, and metrorrhagia, ecchymosis, hæmorrhage of internal parts, and especially of the retina, as we see in pernicious anæmia not only oligæmia (diminution of the volume of blood), but also oligocythæmia (diminution of the numbers of blood-corpuscles), with some hypalbuminosis and hypinosis (deficiency of fibrine). Edward Hughes (*Pharmacodynamics*, 4th edition, p. 237) shows that Arsenicum causes adynæmia, malignancy, all the symptoms worse by rest and cold, palpitation, and cardiac dyspnœa with præcordial anxiety and fainting, petechial effusions and hæmorrhages by disintegrating the blood-corpuscles, diminishing the proportion of fibrine, and by attacking still more directly the vital principle upon which the normal qualities of the blood depend. A closer similimum can hardly be found.

With astonishment, we read that such a close observer as

Jousset Père is, fails to give precise indications for *Argentum metallicum* or *nitricum*. We find it indicated for shortness of breath, without lungs or heart being affected; sallowness of complexion from defective oxidation of the blood; heartburn; dyspepsia; irritative flatulent gastralgia; round ulcer of stomach (local failure of nutrition); menses irregular or scanty, or copious; but clotted; bone pains; symptoms of spinal irritations; fulgurating pains with parietic motory and sensory symptoms; albuminuria; tendency to diarrhœa. Hering, in his *Guiding Symptoms*, i., 497, says, of *Argentum nitricum*, that it acts on the red corpuscles, causing their coloring matter to escape into the plasma, causing ecchymosis and effusions, and later interference with oxidation and ultimate chlorosis; and finds it most suitable to hysteric and nervous persons, and to women with menstrual disturbances. Jousset might have mentioned, in connection with Nitrate of silver, its best antidote, the *Chloride of sodium*, so often indicated in late marastic stages of chlorosis for chronic (malarious) cases in cachectic persons, with dead, dirty, withered skin; palpitation and fluttering of the heart; dyspnœa; splenic stitches; suppressed menstruation; leucorrhœa; diminished sexual desire; oppression and anxiety of the chest; sadness. Such people get easily tired, and feel better towards evening.

Cuprum, Raue (*l. c.*, 932) finds indicated by a disposition to laryngeal and tracheal affections; to vomiting and purging; sweating of feet, torpid cases. What, then, is the dyscrasia produced in females working in copper, that they become chlorotic, as Jousset asserts? Though vegetable life may be destroyed in the immediate neighborhood of copper works, it is more than questionable whether the copper is to blame for it, or far more, the Arsenic, the sulphurous acid, and other ingredients found in the ore. Working in pure metallic copper, without heat, causes no bad symptoms, according to Hert and Maisonneuve, but particles of oxide and cupric salts in the air of heated rooms may induce dyspnœa and laryngeal spasm. Pecholier and Pictra Santa, reporting on the health of verdigris workers, describe local irritation of mucous membranes; but otherwise good health; they note especially the absence of colic and chlorosis. (Philipps's *Materia Medica*, ii., 116).

Of the value of *Pulsatilla* in chlorosis there cannot be any doubt; but similar symptoms are found and relieved by *Cyclamen*, and both show close relationship to *Ferrum*. Under *Cyclamen*, we read: Chilliness of the whole body, not relieved by warm covering; vertigo, with feeling as if the brain were

shaking when walking; periodical congestion to head, with pallor of countenance; piercing pains in forehead and temple; attacks of fainting, with obscurity of sight and occasional diplopia; tinnitus aurium; repugnance to accustomed food, and desire for indigestible substances; suppressed menses, or scanty, painful menstruation; frequent micturition, constipation. Dunham (*Lectures*, II., 89), on the contrary, remarks that *Cyclamen* differs entirely from *Pulsatilla* in relation to menstruation; instead of being scanty and retarded, the menses are too profuse, anticipate the flow, changing to a dark, lumpy mass, mostly accompanied by semilateral headache, with nausea, vertigo, and obscuration of sight, the face being pale and the eyes sunken.

Liebermeister (*N. A. J. of H.*, vol. 32, p. 278) and Jousset are in accord, in considering hysteria a mental alienation, and we were, therefore, not astonished that *Tarantula* and *Platina* are highly recommended. *Platina* gives us mental and physical sexual excitement; constant alternation of cheerfulness and sadness; chilliness and shuddering, mingled with fugitive heat; hysterical asthma, with heavy and slow breathing; *clavus hystericus*; demonstrative self-exaltation; apprehension of death, with disposition to weep; menses in excess, dark and thick, while, in *Tarantula Hyspania*, convulsive hysteria prevails. Continual restlessness, mental and physical, we might call them mental convulsions, is characteristic of *Tarantula*. In the headache, the same restlessness; the pains flying to occiput, to forehead, compelling to move from one place to another, with photophobia; præcordial anxiety, with tumultuous beating of the heart.

Jousset mentions these two drugs, and wishes them to be tried in progressive anorexia, although the similitude seems somewhat far-fetched. It is true, we find in *Tarantula* loss of appetite, craving for rare articles, disgust for meat, and general wasting away; aversion to all food; great thirst, with fear to drink, and again ravenous appetite; gastralgia, with sympathetic pains in head, face, ears, teeth, and malar bones, of a neuralgic or congestive character. The *Platina* patient, on the contrary, is almost always hungry, and eats hastily and greedily. Both remedies are often our stand-by in satyriasis and nymphomania.

As this progressive anorexia is only one, though the chief symptom of an hysterical alienation, we must look for the mental symptoms to produce, at least, an amelioration, and would it be wrong to work on this weakened brain by lavage

of the stomach, and by keeping the patient alive through artificial feeding with meat-powder and milk? As such mechanical treatment relieves the stomach of all pains, as it revives their failing strength, our prognosis may thus become more favorable, and the selection of the simile, covering mind and body, more successful.

S. L.

"THE ISSUE IN ENGLAND."

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY.

I AM much obliged to you, indeed I am sure that all British homœopaths will feel obliged to you, for your editorial remarks on Dr. Dake's letter entitled *The Issue in England* in the December number of your journal. Any hints that you can give out of your large and successful experience, to aid us in struggling to place homœopathy in that position which its immense value demands that it shall have in therapeutics, are and always will be welcomed by us. In some of your remarks, however, it appears to me that you have not fully grasped our position over here, and therefore I trust that you will allow me to make a few critical observations upon your proposals.

In the *first* place, you advise us to issue "a public declaration of open hostility to the allopathic profession, said hostility to be persisted in until her present unethical principles are abandoned." Our contention here is that there is no "allopathic profession." All of us, whether we practice medicine empirically—as do those you regard as constituting the "allopathic profession,"—or whether our therapeutics are scientific—that is to say homœopathic—form one profession—the medical. To admit the existence of two professions, I regard as obstructive; it is at once giving to the non-homœopathic section a position of influence and authority to which they are in no way entitled; it is sanctioning a severance which ought never to have occurred, even partially. On the contrary, we, as homœopaths, are members of the medical profession and as such are entitled to all the privileges enjoyed by all who belong to it. By the action of private societies, of newspaper proprietors and similar bodies, entitled to make what exclusive by-laws they choose, we are deprived of some of these privileges—but not by the laws of the realm. These recognize but one profession—the medical; and further by the 23d Section of the Medical Act of 1858, the authorities are prohibited, under serious penalties, from making a knowledge of and faith in homœopathy or any other therapeutic method

a barrier to entering the profession, and thus participating in its privileges. Such privileges as private, self-constituted bodies can withhold from us, are so withheld solely because of the ignorance of homœopathy on the part of 999 per 1000 of those who form them. These persons derive all the information they have upon the subject from the columns of *The Lancet* and *The British Medical Journal*, and these periodicals, as every one is aware, have rarely if ever published a statement regarding homœopathy, viewed from whatever stand-point, that was not, either accidentally or intentionally, false and misleading; we all know, also, that these journals are ready and willing—if not anxious—to publish any untruth respecting the homœopathic method, and any slander respecting a professional supporter of that method, and at the same time they will not allow a contradiction of any such statement or slander to appear in their columns, while they as rigidly exclude all discussion of the subject from them. And yet further, no advertisement of any book setting forth the doctrine and practice of homœopathy is allowed to appear in the advertising sheets of either of them. As these two journals represent the bulk of the intellectual pabulum absorbed by the active and busy members of our profession here, as the editors do the "thinking" for the most of their subscribers, the ignorance which prevails throughout the profession, from the consulting physician of the metropolis down to the village apothecary, is not at all surprising.

It is ignorance with which we have to deal, not legal disability. What we are to understand by "an avowal of open hostility" I confess that I do not comprehend. We have expressed this hostility to the ethical, or rather unethical principles enforced by societies, time and again, in every conceivable form, but so far we have failed to reach those who ought to consider our arguments.

Secondly. You urge us to make "a stated and energetic demand upon the legal authorities for equal professional rights and privileges for all schools or sects in medicine; said privileges to include the right of the people of each sect to select their own physicians, to educate their own physicians, and to license their own physicians. Notice to be given that this effort is to be persistently and regularly and resolutely urged, until every one of these demands is complied with." Now the answer to this is that, here in England, all "schools or sects in medicine" have "equal professional rights and privileges" so far as the statute law is concerned. Every one is at

liberty to employ any physician of whatever "school or sect" he chooses.

The education and licensing of physicians is a different matter. The questions of medical education and medical licensing are very large and complicated ones. There are now nineteen or twenty licensing boards in the three kingdoms; and the drift of professional opinion and of public feeling generally, as well as the tendency of legislation, has of late years been to reduce these to three; to create a sort of *Staats Examen*, such as they have in Germany, and render the University degree and the College diploma merely honorary distinctions conferring no legal status. In the face of this, any endeavor to establish a new licensing board, giving the legal right to practice, on the basis of a therapeutic principle, becomes impracticable. The reply to any attempt of the kind would be in the first place *non possumus*; and, in the second, it would be said that such an institution was unnecessary, as the doctrine, in this way sought to be forced forward, would in course of time be absorbed, taught and examined by the existing boards.

Thirdly. You advise us to make "a similar demand for the passage of such laws as will effectively prohibit discrimination between medical sects in governmental appointments." There is no such discrimination to provide against. The appointments in the 'army and navy are obtained by competitive examination among men already qualified for civil practice. A certain number of vacancies are advertised, a number of qualified men of a certain age apply, are admitted to examination, and those obtaining the highest number of marks are accepted, whatever may be their therapeutic views; once appointed, they are at liberty to treat their patients according to their knowledge and experience.

Hospitals here stand on a different footing to those in the United States. There, I understand you have comparatively few supported by "voluntary contribution," they are I believe paid for out of the city rates, and the appointments are consequently at the disposal of city functionaries. Here the subscribers to the hospitals appoint the physicians and surgeons. If the subscribers choose to elect, as a physician, a man who practices homœopathy, there is no law here to prevent their doing so. Of course the other members of the staff of a hospital at which a homœopath was a candidate, would do all in their power by persuasion and threats to prevent his election. That, however, no legal enactment can stay. Poor-

law appointments are made by local boards of Guardians, and surgeons practicing homœopathy have been and still are appointed to districts when an applicant has been able to secure the votes of the Guardians. They are, it is true, rarely applied for, because, excepting to a surgeon who has no practice, they are not worth having. The emolument, if such it can be called, is small; the worry with the Guardians and the work among the very poor, enormous.

The same may be said of medical officers of health, both urban and rural. There is, in short, no public appointment which a legally qualified medical man practicing homœopathy is prevented from holding, by any law in the statute book. Dr. Drysdale was on one occasion a candidate for the physicianship of a Liverpool hospital, and it required the utmost efforts of his opponent, aided by those of the medical staff, to prevent his election.

It is not, then, any addition to the statute book, or any special legal reform that is needed to "lift homœopathy into that high public esteem and influence that it so pre-eminently merits;" but what is required is almost as difficult to obtain, viz., a sound, well-informed public and professional opinion upon the subject. To secure this, the ignorance of the nature and value of homœopathy, which at present prevails both among members of the profession, and in a less, but still considerable proportion, among the general public, must be removed. When this is compassed about, then the "lift" will be made. But how is it to be accomplished? Every organ of professional opinion, every newspaper, and every literary periodical having a wide circulation is closed against all discussion of, and to every presentation of, the questions at issue. Every opportunity, therefore, of informing the profession, or of enlightening the public, is cut off. How, then, are we to get our views presented to either? This question has been seriously and earnestly considered here within the last few months. Public lectures have been proposed, and their advantages and disadvantages have been discussed. Lectures, however, are out of vogue. Except on political subjects it is very difficult to get an audience anywhere. There was a time, before newspapers and magazines were so generally read as they are now, when lectures were popular and largely frequented. They are so no longer. Pamphlets are dead stock at the publisher's. Once they were widely read, now they are rarely looked at. Major Vaughan Morgan, the ever zealous and generous chairman of the London Homœopathic Hospital,

has recently offered a prize for the best essay on medical treatment in which the advantages of homœopathy are set forth. The announcement has been freely made in the newspapers, and the net result will, I trust, be to raise a spirit of inquiry into the subject, and diffuse a large amount of information regarding it among the people.

The only method of diffusing a knowledge of homœopathy, that appears to me to be at once possible and effective, consists in gaining the *entrée* to a well-established and widely read organ of general literature, such as one of our monthly magazines. To do this it will be necessary for some thorough-going homœopath to purchase such a periodical, and arrange with the editor appointed to conduct it for the insertion of carefully prepared articles on the doctrine, practice, and evidences of homœopathy at short intervals. Two or three years of this kind of thing would do more to compel the attention of the profession to the subject, and to enlighten and interest the public regarding it, than any declarations of hostility, any legal enactments, or any new licensing board. Such a measure is practicable. A well-established monthly magazine has "dollars in it." That of itself would induce most people to make an investment of the kind, but when to this is added the prospect of revolutionizing the practice of medicine in this country—for the general adoption of homœopathy amounts to that—no further persuasion would be required if the opportunity presented itself.

I find that I have written at far greater length than, with proper regard to your space, I ought to have done. Pray excuse me, and with best wishes for the prosperity of homœopathy in the United States of America in general during 1886, and that of *THE HAHNEMANNIAN MONTHLY* and the Hahnemann Club in particular, believe me,

Yours truly,

ALFRED C. POPE.

TUNBRIDGE WELLS, Jan. 1st, 1886.

THE REVIEW OF AMEKE'S HISTORY OF HOMŒOPATHY.

No. 53 MONTAGU SQUARE. W., LONDON, Dec. 24, 1885.

E. A. FARRINGTON, M.D.:

DEAR SIR—Your criticism of the translation of Ameke's work (in *THE HAHNEMANNIAN MONTHLY* for December), being on the whole favorable, deserves my thanks; but you

make some qualifications to your praise, which, I think, require a little notice from me.

1. You do not seem satisfied that I did right in introducing headings to the pages, and are doubtful if they were made with Ameke's consent. Of course, Dr. Ameke was not consulted by me in reference to them, but I have before me a letter from Dr. Ameke, in which he expresses his especial satisfaction with the headings I thought it right to supply.

2. You are, I think, mistaken in saying that these headings introduce any "mooted points," by which I understand you to mean controversial matter, when they adopt Hahnemann's own formula of "*Similia, similibus, curentur*"—"Let likes be treated by likes"—and when the formula is alluded to as the therapeutic rule of similars, which it undoubtedly is.

In the body of the work Ameke quotes from authors, some of whom write "*curantur*," and others "*curentur*," but these are allopathic authors who know no better. Homœopaths, however, when they employ the formula, should use Hahnemann's words as he gives them in every edition of the *Organon*. It is controversial for a homœopathist to say, "*Similia, similibus, curentur*," especially when, on this un-Hahnemannic reading, he founds an argument about "Rule" and "Law."

With fraternal greetings, I remain,

Yours truly,

R. E. DUDGEON.

MITRAL STENOSIS AND LEAD POISONING.—The influence of saturnine intoxication on the various tissues of the body is a subject that merits even further attention than it has yet received. Neurologists are acquainted with a variety of nervous diseases clearly the outcome of lead-poisoning; and Dr. Gowers has, we believe, asserted that no symptom of nervous disease may not be due to lead. Vascular lesions have long been known to be caused by the prolonged action of this metal, and now M. Duroziez suggests that a limited lesion of the heart—mitral stenosis—may, in a certain number of cases, be due to the same far-reaching cause. The suggestion arises from his having observed several cases of mitral obstruction in house-painters, compositors, and certain polishers.—*Lancet*, January 2d, 1886.

INJECTIONS OF CHARCOAL-WATER IN TYPHOID FEVER.—As a method of partially disinfecting the intestinal contents of typhoid patients, and thereby not only rendering the stools inoffensive, but also diminishing the danger of auto-infection, Duval (*L'Abeille Médicale*) strongly recommends the use of injections of charcoal-water. A soup-spoonful of poplar charcoal is well mixed with each injection, which is repeated from two to three times daily. A case is cited, in which the use of this absorbent rendered the intensely repulsive dejecta absolutely inodorous, and in which great meteorism was immediately diminished and finally disappeared.—*Medical News*, January 16th, 1886.


[February,

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editor, *Business Manager,*
PEMBERTON DUDLEY, M.D. BUSHROD W. JAMES, M.D.

Vol. VIII. Philadelphia, Pa., February, 1886. No. 2.

 The Editor is responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors.

Editorial.

THE GRADUATES OF '85.—The Report on Organization, Registration, and Statistics, presented at the last session of the American Institute of Homœopathy, contains, in compact form, some interesting facts respecting the work of our colleges, a few of which we have been at some trouble to examine for the benefit of our readers. The report embraces the work of twelve of the colleges only, the University of Michigan not being included.

During the college session of 1884-85 there were in attendance at these twelve colleges an aggregate of 1084 students. Of this total there graduated at the end of the term 344, or about $31\frac{1}{4}$ per cent.—a fact which *appears* to indicate that the average homœopathic graduate takes a little more than three terms at college. The real facts as to the 344 who graduated are as follows: 174, or almost exactly one-half, had taken two courses of lectures; 152, or about $44\frac{1}{2}$ per cent., had taken three courses, and the remaining 16 had taken four and five courses. (Of two graduates mentioned in the report, the number of terms of lectures is not given.) These figures yield $2\frac{5}{100}$ as the average number of terms of lectures attended by each graduate.

The average number of annual terms taken by the graduates

of *each college* is a matter of interest; but when it is remembered that the *length* of the terms is not the same in all of them; it is seen to be impossible to institute comparisons amongst them respecting the *entire* period of collegiate study, except by multiplying the number of weeks in each term by the number of terms. Even this method gives only approximate results, since many of the graduates—nearly 21 per cent.—obtained a part of their education in other schools than those from which they graduated. If, however, we leave these out of our calculations, and consider only those who begin and finish their education in one and the same college, we shall find that the average student of the Boston University School of Medicine spends $104\frac{2}{3}$ weeks in college study; the students of the Women's College of New York, 74 weeks; of the New York Homœopathic, 69 weeks; of the Hahnemann of Philadelphia, 67 weeks; of the Homœopathic Hospital College of Cleveland, 56 weeks; of the University of Nebraska, $55\frac{1}{2}$ weeks; of the University of Iowa, $52\frac{1}{4}$ weeks; of the Chicago Homœopathic, $51\frac{2}{3}$ weeks; of the Pulte College of Cincinnati, $48\frac{2}{3}$ weeks; of the Hahnemann of Chicago, $46\frac{2}{3}$ weeks; and of the Homœopathic College of Missouri, 42 weeks. As the Hahnemann of San Francisco has been in operation but a single year it cannot be brought into this comparison; but if it should adhere to the policy already laid down, its future graduates must have an average of not less than 63 weeks of college instruction.

These figures show us that, if the course of instruction followed in Boston University really requires the amount of time actually given to it, and if this course is the proper course of preparatory study for the young physician, then it follows that about 50 per cent. of our graduates are but half-educated, and that only about 8 per cent. of them are fully fitted for the duties and responsibilities of medical practice.

There are, to our knowledge, quite material differences among the colleges respecting the amount of teaching work actually done per week; and it is possible that some of the short-term schools may show greater results in a given time than some of the longer-term institutions. We do not believe, however, that, as a rule, the professors and students of a short-term college work any harder than do their brethren of the other schools. Indeed, it is rather to be inferred that the *animus* which leads to the longer course of study will also stimulate to more energetic endeavor during the course.

It is often said that it is unreasonable to demand or expect equal educational qualifications in the physicians of all locali-

ties; that in newly-settled countries it is not practicable to have physicians educated as thoroughly as in older and more established communities. Admitting the truth of this statement for the moment, dare any of us assert that the difference in age, in wealth, or in general culture between Massachusetts and the Mississippi Valley is so considerable as to justify the difference that we see in the education of the physicians of these two sections—the difference represented by 104 *minus* 42? The people of our Western and Southern communities lay claim to a general culture almost equal to that of the most favored communities of the world. Why should their medical men be satisfied with a course of study less than half of that required in other localities?

Even if certain communities in America cannot be reasonably expected to maintain as high a standard of medical education as some others—and we do not admit it for a moment—it unfortunately happens that their low standard affects unfavorably the educational qualifications of physicians outside. During the session of 1884–85 not less than thirty-four students left the vicinity of long-term schools, and travelled long distances to graduate in colleges of shorter terms. To argue that those young men and women were seeking anything else than a diploma and the easiest way of getting it, is simply absurd. We regret to say they did get their diplomas, and returned, to reduce by just so much, the average standard of the physicians in their respective communities.

When we ask who is to blame for the low standard of medical education in America, there comes up a chorus from a thousand physicians—"the colleges, *the colleges*, THE COLLEGES!" The responsibility for unfaithful and inefficient college work undoubtedly rests upon those who carry on this work. Each college must answer for its own graduates. On this point but one opinion prevails. But now, if we should inquire who is to blame for the act of those thirty-four students in deliberately preferring the shorter course of study and going out of the way to secure it, will not the colleges be justified in retorting—"the preceptors, the preceptors?" And the same answer must be given to the question as to who is responsible for the fact that one-half our young physicians are being graduated on fifty-two weeks or less, of college study.

That each college is censurable for allowing any half-educated student to graduate, we freely admit. But, that all our colleges, acting in concert, can prevent the graduation of half-educated students, we stoutly deny. Half of the profession

is still willing to have students graduated on two terms of five or six months each; and if all the schools, following the lead of Boston and Ann Arbor, should henceforth demand three terms of eight months each, new colleges would forthwith spring up, ready to graduate men on two terms of five months each, and they would get big classes.

Now the way to cure the evil complained of is, not to crush the shorter-term schools out of existence, but to give them such encouragement and aid as will enable them to extend the length and increase the number of their terms of study. Let no student be taken into a preceptor's office except upon proper conditions governing his preliminary and collegiate training, and it will soon be found that the colleges are ready to coöperate in the most advanced measures. Then let all the colleges ponder carefully Dr. McClelland's "Plea for the Long Term" (*Institute Transactions* for 1883), and we shall soon have physicians of higher education and in smaller numbers.

APPOINTMENT OF DR. JOHN K. LEE ON THE PENNSYLVANIA STATE BOARD OF PUBLIC CHARITIES.—Governor Pattison has recently appointed Dr. John K. Lee, a distinguished homœopathic physician of Philadelphia, as a member of the State Board of Public Charities, vice Dr. H. M. Howe, whose term had expired. A desperate effort has been made by certain newspapers to cast discredit on the appointment on the plea that Dr. Howe should have been reappointed because of his experience and efficiency. The Governor, however, did not accept this plea as a truthful one, and said to a representative of the *Harrisburg Telegraph*: "Dr. Lee was appointed because of a general wish expressed by the homœopathic physicians of the State for representation on the Board, and because I believed he would render better service than Dr. Howe had been rendering. I had reliable information that Dr. Howe is more than half the year absent from Philadelphia, in Rhode Island, and cannot, during this period of the year, visit the institutions, or at least does not. He went to see the Western Penitentiary once, and that is the only knowledge I have of the performance of any of his official duties."

We do not know whether the Governor's "information," regarding Dr. Howe's alleged inattention to his duties, was correct or not. But we well remember that several months ago, neither the Governor nor the Legislature seemed able to obtain from the State Board of Charities information to guide them in their action respecting appropriations to public insti-

tutions; and this, notwithstanding the fact that the furnishing of this information is one of the chief objects for which the Board was created. Whether Dr. Howe was in any measure responsible for this neglect of duty we do not know.

Dr. Lee is widely known as a gentleman of broad culture, of rigid integrity, and of benevolent impulses. His immediate neighbors have given practical evidence of their confidence in his business capacity, and we believe his appointment to the State Board of Public Charities to be most judicious.

"THE MEDICAL INSTITUTE" is the title of a new college-journal, the first number of which has just been issued by the Hahnemannian Medical Institute, an organization composed of students of the Hahnemann Medical College of Philadelphia. From the Salutory we learn that the journal is intended to be less restrictively a "college-paper" than usual, though it will "always aim to bring the alumni and students into closer union with their *alma mater*." It solicits from all alumni and students "original matters, general medical news, correspondence, or anything likely to interest its readers." The initial number contains twenty double-column pages, filled with valuable articles and interesting college-news. It presents a neat appearance, barring an advertisement pasted in the body of the journal—an excrescence that we hope will be promptly extirpated. The management consists of J. W. Le Seur, Chief of Editorial Staff and General Manager; E. L. Oatley, General Editor; T. H. Carmichael, Senior Associate Editor, with P. M. Cooke, D. Caulkins, F. H. Kirby, W. S. Morris, and H. S. Furman, Associate Editors; J. H. Clossin, Business Manager; J. D. Ward, Assistant Business Manager. Address, *The Medical Institute*, 1105 Filbert Street, Philadelphia. Six numbers per annum will be issued; subscription price, one dollar, in advance. We heartily wish it abundant success.

PROFESSOR A. E. SMALL, M.D., as we learn through our Chicago exchanges, has discontinued active work as an instructor in the College—"The Hahnemann"—with whose history and work he has been so long identified. Dr. Small's experience as a teacher of medicine began with the opening of the first College—the Homœopathic of Pennsylvania,—and it must be a source of gratification to him that so many of his pupils have risen to distinction, and that he has lived to see homœopathic medical education so firmly established. May there be yet given to him very many years of happiness, and many tokens of the richly deserved honor in which we all hold him.

Notes and Comments.

THE MEDICAL ERA is publishing a series of interesting papers entitled, "Women in Medicine."

THE HOMOEOPATHIC JOURNAL OF OBSTETRICS has passed under the editorial management of Phil. Porter, M.D., of Detroit, Mich.

THE INSTITUTE SESSION AT SARATOGA, next June, promises to be unusually successful. Most of the Bureaux are making active preparation, and the President, O. S. Runnells, M.D., of Indianapolis, is pushing the general preparatory work with energy. It looks, too, as if there would be a large attendance.

READY-MADE PHYSIC.—"There has grown up a habit of prescribing ready-made physic; of using compounds which contain a variety of drugs, each having different properties, a practice in which there is a mental proclivity to regard the disease as suitable to the physic in hand, rather than to take the trouble to find the remedy that is suitable to the disease."—*Dr. Quain.*

THE INTERNATIONAL CONGRESS MUDDLE seems more muddled than ever. In the Philadelphia County Society (allopathic, of course) the fight waxes hot and furious, and threatens to involve the State organization also. Meanwhile certain journals are industriously circulating the impression that the factious spirit is subsiding and the opposing parties drifting together. It looks to us as if a compromise between them had from the first been an utter impossibility, except by the abject surrender of either the new-code or the old-code faction,—an event of no probability whatever. The whole fight turns on the question whether the contemplated "congress" shall be a convention of physicians, or whether it shall be merely a gathering of members of the least progressive sect of the allopathists.

PRE-HAHNEMANNIAN HOMOEOPATHY.—Dr. C. A. Norton, of Washington, D. C., has kindly sent us the following, which he exhumed from the vast accumulations of the Surgeon-General's Library. Its author, Gregory Horstius, was born at Torgau, Germany, in 1578, received the degree of Master of Philosophy at Wittemberg in 1601, and acquired such a reputation by the practice of physic that he was called the Esculapius of Germany. He was Professor of Physic in many places, and in 1622, accepted the place of First Physician to the City of Ulm. He died in August, 1636. His work, from which our extract is taken, was written about 1620. Its title is, "*Horstius G. Operum Medicorum* (etc.). Norimbergæ, 1660. Tomus Tertius." The article itself is as follows:

"*Quæstio VIII.*—An scorpionum ictus respectu similitudinis, inuncto scorpioneum oleo, curetur?

"We answer the question in the affirmative, for there is no one but who has observed the happy results following the use of ice-water on frozen hands or feet; even when the whole body is frozen, ice-water or ice will restore the parts to health; so, too, in cases of burns, hot water or heat may be used to great advantage, both in relieving pain, and in assisting in a cure.

"In these manifestations the *similia* is attracted by the *similia*. If this is so, why should not poison, which injures the body when in health, be applied when a similar condition shows itself in disease, when the disease is the result of the use or application of the poison? Why should not the oil of the scorpion be used to cure the bite of the scorpion? This has been done with the best results; but it has been found that it is better to bruise the whole scorpion and apply the powder to the affected part. In this case the poison applied extracts, or attracts, the poison inflicted by the insect, on account of he similarity."

New Publications.

THE SCIENCE AND ART OF MIDWIFERY. By William Thompson Lusk, A M., M.D., Professor of Obstetrics and the Diseases of Women and Children in the Bellevue Hospital Medical College, etc. New Edition. D. Appleton & Co.: New York. 1885.

This work is now recognized as one of the best treatises upon the subject of obstetrics published in the English language, and since the first edition was issued it has been translated into Spanish, French, and Italian.

The arrangement of subjects treated of does not conform to the old established custom exactly, but is an improvement, as for instance, a description of the anatomy of the pelvis does not follow immediately upon a description of the reproductive organs, but is transferred to the beginning of the chapter upon the mechanism of labor, where the anatomical factors influencing the progress of the child through the pelvis are to be fully considered.

The therapeutic recommendations for the treatment of the disorders incident to pregnancy seem meagre to those who are accustomed to our system of practice, yet they evidently bear the impress of having been dictated by experience.

In the treatment of œdema of the labia by puncture, where it is so intense as to make us apprehend gangrene, the author says: "It (the puncture) should be done with every antiseptic precaution. In half-a-dozen cases treated in this manner, premature labor has followed in the course of two or three days, a coincidence of such frequent occurrence as to make it necessary to employ puncture with circumspection."

œdema of the lower extremities of slight degree does not require treatment, but where the skin becomes tense and painful, warm cloths, diaphoresis and tonics are recommended, with recumbency, or the position with the extremities raised "à la Americaine." But just exactly what the latter position may be, we are left to conjecture. Our English, French, and Spanish cousins have usually interpreted it to mean a position with the feet upon the mantelpiece, an awkward one for a pregnant woman to assume.

If the medical treatment of the ills of pregnancy was to be supplemented with the experience of thousands with homœopathic remedies, we should find *Nux vom.*, *Causticum*, *Cal. ca.*, etc., mentioned for heart-burn, instead of waiting for delivery "to effect a cure;" *Ambra grisea*⁶⁰, or some other well-indicated remedy, for *pruritis vulvæ* instead of palliation by local applications; *Bell.*, *Cham.*, *Gels.*, or some properly selected remedy for face-ache, instead of relying upon local application of Chloroform or Camphor liniment, or hypodermic injections of *Morphia*, or three- to five-drop doses of the fluid extract of *Gelsemium*, continued until ptosis is produced.

In the treatment of nausea and vomiting, attention is called to the frequency with which uterine displacements and erosions, etc., of the cervix aggravate the symptoms, points which are very frequently overlooked. The illustrations, with but few exceptions, are excellent. They are clear in outline and accurate in delineation. The work should be in the possession of

every student and busy practitioner who desires a concise, clear, and reliable treatise on midwifery.

B. F. B.

LECTURES ON CLINICAL OTOTOLOGY, delivered before the Senior Class in the New York Homœopathic Medical College. By Henry C. Houghton, M.D., Senior Aural Surgeon in the New York Ophthalmic Hospital, Professor of Clinical Otology in the New York Homœopathic College, etc., etc. Boston: Otis Clapp & Son, 1885. Octavo, pp. 274.

Physicians who are professionally acquainted with the author of this volume will scarcely ask for the work any recommendation save the writer's name. He has for years stood at the head of the profession in America in the study, diagnosis and treatment of ear diseases, and possesses a fortunate faculty of giving expression to his views and observations in terse, clear, and convincing language.

The book is written—so the Preface tells us—"for the student and the busy practitioner, who will find in it suggestions for the treatment of aural diseases and indications for remedies that have proved effective in a large clinical practice." It seems to us that the object has been very fully realized. As each disease is considered, the mode of examination, diagnosis and general management are given, together with *general* indications for the use of homœopathic remedies—each important point being enforced by illustrative cases. Then at the close of the volume we are treated to a most valuable and complete Repertory of sixty pages, from which the accurate choice of the *special* remedy may be made. It is destined to occupy a place among the much-thumbed books of the office-desk.

D.

Gleanings.

FOUR SUCCESSIVE RUPTURES OF THE UTERUS IN THE SAME WOMAN. —An Irish female, aged thirty-two, and the mother of two children, was attacked with regular labor-pains. About five hours later, she had a violent contraction with increased pain. Shortly afterwards she experienced a great feebleness, a general prostration, and an extreme tenderness in the abdomen. A rupture of the uterus was suspected, and on examination per vaginam the fetus could no longer be felt. The accoucheur sent for counsel, and shortly after arrival of the latter he endeavored to extract the infant through the rupture, which could be easily felt through the vagina. The extraction lasted twenty minutes, and a dead fetus was brought forth. The placenta had also passed into the abdomen. This accident was followed by no ill result, and a week later the woman was all right again. The same accident occurred in the same patient, under nearly the same conditions, every two years, that is to say, she had had in all, four ruptures. In her last labor the attendant, warned by past experience, did not succeed in preventing a rupture, but saved the child.—*Cincin. Lancet and Clinic*, November 28th, 1885.

OPISTHOPORIA.—This rare disease has just been described, more fully than heretofore, by Dr. Mazzotti in his "Clinical and Necroscopic History of a Man who Presented the Phenomenon of Going Backwards." The man

in question was sixty-six years of age, and for a year before he entered the hospital was subject to giddiness. He was a hard drinker, and became so, as he said, because he "suffered from scorbutus." He got rid of his scorbutic affection, but shortly afterwards he found that instead of going forward when he tried to walk, he went backwards. On putting his feet to the ground, he swayed somewhat from side to side, stretched his legs apart like one afraid of losing his balance and falling, and when exhorted to walk he moved with great effort, stepping backwards. He was for five months in the hospital, during which time he was often made to test his walking powers, but always with the result above stated. He ultimately died of ulcerous colitis, and on post-mortem examination the intracranial nerve-centres presented no other appearances than a slight degree of leptomenigitis, and a highly atheromatous condition of the arteries at the base. Dr. Mazotti's conclusion is that the phenomena presented by his patient during life were due to a simple disturbance of the endo-cerebral circle, and he agrees with Nothnagel that "to the clinical phenomenon of going backwards in walking, no value can be attached as diagnostic of a localized cerebral lesion."—*Analectic*, November, 1885.

MERCURY AND ALBUMINURIA.—At the Congress for internal medicine, held at Wiesbaden in April, 1885, Dr. Fürbringer reported that he had found, out of a hundred chosen cases, eight syphilitics with perfectly healthy kidneys who developed albuminuria during mercurial treatment: the maximum of albumin being five per cent. The internal and external exhibition of the mercury was followed by the same results which persisted during the whole of the treatment and disappeared some weeks after treatment was stopped. The alterations in the kidneys were therefore not important, as was proven as well by microscopic examination. In another series of one hundred cases of syphilis which had not been treated with mercury, or were no longer so treated, and in which the kidneys had been healthy, he was able to establish in twelve per cent. an albuminuria consecutive to the syphilis. This in every case was discovered in the stage of the roseola-eruption. Here the urine contained formed cylinders which pointed to a light nephritis. This form of albuminuria gave way to mercurial treatment. Therefore he argues that the existence of albuminuria is not a contraindication to mercurial treatment, which on the contrary, should be prescribed as a necessity.—*Journal of Cutaneous and Venereal Diseases*, December, 1885.

DISEASES OF THE GENITO-URINARY TRACT IN THE YOUNG.—I. *Deformities.* Only one case of absence of the urethra is on record. Epispadias is very rare, while hypospadias is common, the usual seat of the opening being where the frænum joins the body of the organ. When the opening is behind the scrotum, an operation may be done to make an artificial urethra so as to render the patient able to perform the sexual act. Such attempts offer but a poor chance of success. In most cases, where the opening was in front of the scrotum, procreation was possible. Mr. Morgan firmly believes in the deleterious effects of a long and narrow prepuce. It may cause hypertrophy of the bladder and many symptoms of stone. He makes it a rule to circumcise all cases in which symptoms of calculus are present, when exploration of the bladder fails to discover a stone. An examination of fifty consecutive cases of phimosis showed that thirty-one had hernia. In none of these was rupture noticed at birth. He emphasizes the fact that circumcision to be effectual must be complete. Partial operations usually require a completion later. Passing to the consideration of ectopia vesicæ, he states this to be due to an arrest of development in connection with the allantois from which the bladder is formed. It must take place very early, before the third week. It is much more frequent in males and is usually associated with other genital malformations. In addition to the commonly

practiced plastic operations for the cure of this condition, he refers to the method of Simon, who operated so as to direct the channel of the urine to the rectum. The difficulties of this operation stand in the way of its general adoption.

II. *Incontinence of Urine and Vesical Calculus.*—Irritability of the bladder in the very young is often associated with the passage of sandy matter in the diaper. The urine may be of low specific gravity, very pale and containing but little urea. Bloody urine may be passed under similar circumstances. These cases closely simulate those of stone; this being excluded, dietetic treatment usually suffices for a cure. It is more effectual than belladonna or allied drugs. Hereditary gouty diathesis may manifest itself in this way in very young children. Calculus is more common in the poorly fed, and is especially common in those of a strumous or tuberculous diathesis; being most frequent from two to six years of age. Impaction of a calculus in the ureter and consequent hydronephrosis, the writer states, is very rare in children. A stone is, however, exceedingly liable to be arrested in its passage through the membranous urethra. The delicate urethra in boys will not admit of the introduction of the lithotrite without damage being done. Lithotomy is therefore the most available operation for this trouble. In girls, the same objection does not hold. When the stone is too large to be easily crushed, the vagino-vesical operation is advised, or if this is not admissible, the suprapubic operation, which is much easier than in adults as the bladder naturally lies higher. In one case of incontinence of urine, the writer obtained permanent relief from the single passage of a catheter without an anæsthetic. This condition may depend upon a constitutional state, such as struma.—*Archives of Pediatrics*, November 15th, 1885.

NEW TREATMENT FOR FRACTURE OF THE PATELLA.—A new instrument for the treatment of fracture of the patella has been devised by Dr. Thomas G. Morton. It is a slender drill in a movable handle. With this, the fragments, after being placed in position, are transfixed from below upwards, parallel with the axis of the limb, until the extremity emerges from the skin above the joint. The steel cap is then slipped on the end, and fastened with a screw, so as to prevent the bones from becoming separated. The results from this apparatus are excellent, so the author claims. The increased supply of blood, attracted towards the part by the irritation of the screw, is of advantage in bringing about union. No bandages are required. The joint must be kept quiet, and extended on a splint.—*Philadelphia Medical Times*, November 28th, 1885.

A NEW TEST TO DISCOVER THE PRESENCE OF BLOOD IN THE URINE.—Dr. Antonio Luchini (*Gazetta degli Ospitali*) proposes the following test for the presence of blood in the urine, which possesses the advantage of preserving the natural color of the blood: Ten c.c. of urine, acidulated with a drop of acetic acid, are agitated while cold with three c.c. of chloroform; when allowed to stand, the chloroform will rise to the top and will be colored more or less intensely, according to the quantity of blood originally present in the urine. Dr. Luchini has proved the efficiency of the test with ten c.c. of a mixture containing only three drops of blood in 250 c.c. of distilled water.—*Medical News*, October 17th, 1885.

ISOLATION OF THE TEMPERATURE SENSE IN THE ORO-PHARYNGEAL CAVITIES AND NASAL PASSAGES BY MEANS OF COCAINE.—Dr. John N. Mackenzie calls attention to the fact that, if the mucous membrane, covering the soft palate, uvula, and nasal passages, be brought thoroughly under the influence of Cocaine, these surfaces become thoroughly anesthetized, but they still retain the power of distinguishing differences in temperature; thus the contact of hot or of cold probes is readily recognized.—*N. Y. Med. Journ.*, October 3d, 1885.

News, Etc.

WARD'S ISLAND HOSPITAL.—There were treated at the Ward's Island Hospital, during 1885, 3756 patients. Deaths, 259. Mortality, 6.90 per cent. The admissions were much less than in 1884, when there were treated 5461 patients. Deaths, 280. Mortality, 5.13 per cent. Fewer admissions meant that the *very sick* were present in as large numbers as ever, but the floating "rounders" were not as numerous, and a general healthy season and a prosperous year made fewer applicants for charity's aid.

Since September, 1875, to January 1st, 1886, 1018 cases of erysipelas have been treated, with a death-rate of 30, or 2.94 per cent.

THE OREGON STATE HOMŒOPATHIC MEDICAL SOCIETY meets annually on the first Monday in May, at Portland, Oregon. President, L. Henderson, M.D., of Salem. First Vice-President, George Wigg, M.D., of East Portland. Second Vice-President, B. E. Miller, M.D., of Portland. Secretaries, K. L. Miller, M.D., and E. C. Brown, M.D., of Portland.

THE DELAWARE STATE MEDICAL SOCIETY held its annual meeting at Wilmington, on Thursday, January 11th.

CAMDEN, NEW JERSEY, HOMŒOPATHIC HOSPITAL.—The first annual report of this institution shows that the building was opened for the reception of patients, March 2d, 1885. Between that date and January 1st, 1886, there have been treated in the hospital 104 surgical and 10 medical cases; total, 114. The number of patients treated in the out-patient department was 1321. The expenditures were \$1484.99, and the receipts, \$1458.76. The officers are: President, Hon. E. A. Armstrong; Vice-President, James M. Stradling and B. F. Sutton; Secretary, S. H. Quint, M.D.; Treasurer, Charles Watson.

PERSONAL.—William L. Woodruff, M.D., has removed from Columbus, New Jersey, to Tampa, Florida. Of his new location, he says: "It is a rapidly growing city on Tampa Bay, within a few miles of the Gulf of Mexico, has good, natural drainage, good society, and several first-class hotels, and leads all other cities of this State as a winter health resort."

S. T. Birdsall, M.D., has removed from 546 Bedford Avenue, Brooklyn, New York, to Glen's Falls, New York. He has given up general practice and will give his exclusive attention to gynecology.

S. J. Donaldson, M.D., of New York city, on account of somewhat impaired health, is about to take a vacation. He proposes to visit Mexico, California, and New Mexico, after which he will spend several months in the study of abdominal surgery in European hospitals. We heartily wish him a good time, and the full restoration of his physical energies.

Thomas H. Peacock, M.D., of Philadelphia, has formed a limited partnership with Dr. Charles H. Beebe. Their office is at 1860 Frankford Avenue.

T. Franklin Smith, M.D., has removed from 62 East 128th Street to 2064 Sixth Avenue, New York city.

BUREAU OF MATERIA MEDICA, AMERICAN INSTITUTE OF HOMŒOPATHY.—This Bureau announces the following programme for the session of 1886:

General subject.—"The History of the Homœopathic Materia Medica."

1. "Introduction," A. C. Cowperthwaite, M.D., Chairman.

2. "The State of Materia Medica at the close of the 18th Century," H. C. Allen, M.D.
3. "The Efforts of Hahnemann for Materia Medica Improvement, especially his Introduction of the Healthy Vital Test," G. W. Winterburn, M.D.
4. "The Works on Materia Medica issued by Hahnemann; Their Composition and Value," S. Lilienthal, M.D.
5. "The Addition to Hahnemann's Works on Materia Medica by His Disciples," H. M. Hobart, M.D.
6. "The Present State of the Homœopathic Materia Medica, and Measures for Its Improvement," Charles Dake, M.D.
7. "The Influence of the Homœopathic Materia Medica on that of the Old School," Anna M. Warren, M.D.

DIRECTORS OF PROVINGS, AMERICAN INSTITUTE OF HOMŒOPATHY.—
Important Circular:

ANN ARBOR, MICHIGAN, January 1st, 1886.

In view of the great importance of the work intrusted by the American Institute of Homœopathy to the Committee on Provings, it becomes the duty of the undersigned to call the attention of the profession at large to the work sought to be accomplished by this committee, to its importance, and to the necessity of giving to it the cordial support and the active co-operation of all who are willing to *do* something for the profession which gives them a livelihood and an honorable position in society.

The organization of this standing committee, at Deer Park, Maryland, Session of 1884, was the outcome of the prevailing belief that the best interests of our school demand continuous and properly directed work in Materia Medica, above all in the proving of drugs, which cannot be accomplished as a part of the general work of a bureau annually undergoing complete re-organization. So fully convinced of this were many of the active workers in Materia Medica, that, for some considerable time, there was considered the propriety of organizing a Provers' Union, as auxiliary to the American Institute of Homœopathy. The discussions arising from the suggestion of this plan, and the praiseworthy labors of Dr. A. A. Camp, of Minnesota, then Chairman of the Bureau of Materia Medica of his State society, showing the advantages to be had from the existence of an authoritative body appointed by the national organization for the purpose of "directing" the proving of drugs, are responsible for the existence of this Committee.

Without specific instructions, it became at once the duty of this Committee to exercise a close supervision over the proving of drugs done within the jurisdiction of the American Institute of Homœopathy, to formulate rules by which such provings were to be made, in order to insure completeness and safety against the perpetuation of old, or the introduction of new sources of error. To give to the Committee due authority, the Institute directed that provings offered to the American Institute must bear the indorsement of this Committee to insure their publication as a part of the Transactions of the national society.

The Committee accepted the trust with a full and clear appreciation of the responsibility assumed, and of the patient work necessary to keep before the profession the advantages to be gained by intelligent re-provings, by supplementary provings, by new provings, and by a series of carefully conducted physiological experiments. The members were also conscious of the difficulty usually found in attempts to enlist the active co-operation of others, when such co-operation implies even the smallest sacrifice of time, money, or personal comfort. Active work, however, was begun, rules for the making of provings were formulated, and the aid of the profession was invoked, the

members of the committee, in the meantime, expecting only very moderate results from the first year's work.

The labors of the first year have proved satisfactory in the following respects: They demonstrated that both men and women were ready to make provings under the direction of duly constituted authority; the rules adopted by the Committee were found in the main to answer their purpose, and no material modifications of them were shown to be necessary. The moderate number of provings actually made yielded some very interesting results.

To illustrate: Thermometric observations of the effects of Aconite in moderate doses upon the healthy human subject were had; several provers of the same drug, without knowledge of each other, experienced a close correspondence in the development of sequence of drug action; characteristic symptoms also were developed, and the value of crucial tests and of counter-tests was abundantly demonstrated by the, in some cases very curious, effects noted by provers when taking non-medicinal substances. Modest as these results are, they are yet of sufficient interest to stimulate all to continuous and patient work in this direction.

The Committee on Provings then feel warranted in making an earnest appeal for further co-operation and help. The plans and rules are by no means perfected, but it is believed that the only way to arrive at absolutely satisfactory methods of conducting this work is to make a thorough trial of the rules laid down by doing continuous work under their provisions. It is sincerely hoped that the teachers of materia medica in our various colleges will during the winter make the thorough proving of some drug, under the direction of this Committee of the American Institute, by members of their class, a part of the regular work of their Chair. The attention of the Bureau of Materia Medica of the various States, and other medical societies, is called to their opportunity for doing original and permanently valuable work in this direction. Medical practitioners, *men* or *women*, without serious inconvenience to themselves, can add valuable items to the general stock of knowledge from which they are drawing freely and constantly. Medical students, by taking a share of this work, can thus gain a clearness of understanding of drug-action, and of the foundation upon which rests our entire system of therapeutics, which can be had by no other means.

To facilitate the work, the Committee, through its Secretary or Chairman, will furnish any information in their power, and, upon application to Dr. A. W. Woodward, 130 South Ashland Avenue, Chicago, Illinois, will forward to prospective provers, free of cost, remedies of which provings are particularly desired, also printed rules and directions and blanks for daily records which reduce to a minimum the labor of conducting a prover's diary.

Under the provisions of the resolution by which this Committee was created, all the provings presented are carefully examined at the annual session of this Committee. Full credit is given to each prover for the work done, and, unless otherwise directed, the name in full is included in the yearly report to the American Institute of Homœopathy.

The Committee, after mature consideration, and as a means of stimulating work of this kind, have concluded to offer the following prizes: A prize of one hundred dollars cash to the individual prover who furnishes the best complete proving of a drug under the direction of this Committee, covering all the series described in the circular on "Rules for Drug-proving." A prize, consisting of a collection of text-books, chiefly on Materia Medica, presented by American publishers, reaching in pecuniary value a considerable amount, is offered to the class of college-students furnishing the best proving of any drug under the same conditions. Such a collection would form a fitting nucleus for a medical college library, and, since Messrs. F. E. Boericke, Gross and Delbridge, Otis Clapp & Son, L. A. Chatterton & Co.,

and others, have already expressed their readiness to contribute, this prize will be worthy of spirited rivalry.

In behalf of the Committee,

H. R. ARNDT, *Chairman*,

Ann Arbor, Michigan.

W. A. WOODWARD, *Secretary*,

130 S. Ashland Ave., Chicago, Illinois.

OBITUARY.

DR. J. BRUCE CLOW, of San Jose, Cal., died at Oakland, December 11th, 1885, at the age of 29 years. He graduated at Hahnemann College, Philadelphia, March, 1882. He settled in San Jose, and rapidly won the esteem and confidence of his neighbors and his medical brethren. On March 27th, 1884, he married Miss Eva Hobbs, who died just one year later of blood-poisoning, leaving an infant daughter ten days old. The cause of the doctor's death was an osteo-sarcomatous growth affecting the tibia and fibula (for which amputation was performed), followed in August, 1885, by a similar growth affecting one of the cervical vertebrae. Among the physicians of California, it is said, his early demise is most deeply regretted.

PROF. EDWARD C. FRANKLIN, M.D., the distinguished surgeon of St. Louis, Mo., died suddenly of apoplexy, December 10th, 1885, in the 64th year of his age. Dr. Franklin received his medical degree from the University of New York, having been an office student of Valentine Mott. He practiced in California and in Panama, and in 1861 became surgeon to the Fifth Missouri Volunteers, being afterwards promoted to Brigade Surgeon.

During his service in the army he made such a favorable record for Homœopathy as to secure for himself the petty persecution of his superior medical officers, who, as may be supposed, were of a different school of practice. After the close of the war he became Professor of Surgery in the Homœopathic Medical College of St. Louis, and subsequently held a similar position in the University of Michigan. He was the author of a large work on *The Science and Art of Surgery* and one on *Minor Surgery* both of which are accepted text-books in our American colleges. He also prepared a most valuable work on *Veneral Diseases* and one on the *Treatment of Spinal Curvatures*, a subject to which he had given a considerable amount of special study. He was esteemed as one of our most accomplished practical surgeons, as well as a most successful teacher of Surgical Science. In the American Institute he was an indefatigable worker, and in 1877 was the presiding officer of that body.

SAMUEL FREEDLEY, M.D., of Philadelphia, died December, 1885. He was born February 2d, 1799, and was consequently nearly 87 years old at the time of his death. He had the honor of being the oldest American medical graduate living, having received his degree from the University of Pennsylvania in 1821. He became a convert to Homœopathy in 1836 or 1837, and was Professor of Botany in the first Faculty of the Homœopathic Medical College of Pennsylvania, organized in 1848. From 1854 to 1859 he held a similar chair in the Penn Medical University.

Dr. Freedley resided for fifty years in the house at the southeast corner of Marshall and Green Streets, Philadelphia, although spending portions of his time at his farm near Conshohocken, Pa. He was an enthusiastic devotee of the Science of Botany, and accumulated an herbarium of ten or twelve thousand specimens. Unfortunately this collection was destroyed by a conflagration which consumed his country residence, some six or eight years ago.

CLEMENT PEARSON, M.D., of Washington, D. C., died at five o'clock A.M. January 29th, aged sixty-six years. He was born in Mercer county, Penna.,

December 19th, 1819, and in his early manhood was engaged in teaching school. He attended medical lectures in the Homœopathic Medical College of Pennsylvania and subsequently in the Western Medical College (Homœopathic) of Cleveland, Ohio, graduating at the latter institution in 1857. For many years he practiced at Mount Pleasant, Iowa, but afterwards removed to Washington, D. C., where he established an excellent practice. Besides being a member of the American Institute of Homœopathy, he assisted in forming the International Hahnemannian Association and was for two years its President. In his medical belief he professed to be what is called a "Hahnemannian." He was exceedingly rigid in his notions respecting medicine, and impatient of any and all opinions which did not coincide with his own. He was quite a frequent contributor to the journalistic literature of Homœopathy, and in controversial discussion was ready and forcible. He was also an earnest advocate of temperance.

HOPE'S REQUIEM.

Dedicated to the late Prof. E. A. Farrington, M.D.

He is not dead—this is but sleep ;
 Angels rejoice and mortals weep
 Over the dormant clay ;
 While homeward bound, beyond the skies,
 His spirit onward, upward, flies
 To realms of endless day—

To that Elysium of the blest,
 Where all the sanctified shall rest
 From labor, grief and care ;
 Where Christ Himself shall dry their tears,
 And angel guardians calm their fears,—
 Death cannot enter there.

Safe, safe at home, from sorrow free,
 Where mansions are prepared for thee,
 In heaven, delightful heaven ;
 The pearly gates—the streets of gold,
 The jasper walls—and joys untold,
 Are thine, all freely given.

No mortal tongue can ever tell
 The anguish of the last farewell,
 The final sad adieu ;
 But Christ doth this assurance give,
 That Love is deathless, and will live
 Eternity all through.

Oh, blessed thought ! inspiring hope,
 It lifts the mourning spirit up
 To Jesus and the throne ;
 And by and by we all shall see,
 That all on earth had need to be,
 To bring us safely home.

MRS. J. S. THOMAS.

Philadelphia, December 27th, 1885.

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REMARKS ON APOCYNUM ANDROSEM., OLEANDER, VINCA MINOR, IGNATIA, CURARE, AND THE JUGLANDACEÆ.

BY E. A. FARRINGTON, M.D., PHILADELPHIA.

(From an extemporaneous lecture phonographically reported.)

By the way, I forgot to say in my last lecture that *Conium* is very similar to *Gelsemium* in that it produces motor paralysis. But in ptosis, *Gelsemium* finds its nearest analogue in *Causticum*. We shall now proceed to consider another member of the group :

APOCYNUM ANDROSEMIFOLIUM.

Under this drug I will speak of four or five symptoms which it has cured. Rheumatism of the right shoulder and knee ; there is pain in the big toe, suggesting the application of this drug to gout. It also acts upon the bowels, producing copious bilious stools which relieve the other symptoms. It also has diuretic effects, producing copious flow of clear urine. The menstrual flow is also profuse.

OLEANDER.

Oleander like *Gelsemium* has a very depressing action. It is moderately narcotic in its effects, producing some drowsiness with sleepiness. Do not fail to remember this depressing character of the drug. It produces weak memory, forgetfulness. Not only does it have this effect, but it also produces slowness of perception. The patient has great difficulty in catching the meaning of your remark. Along with these mental symptoms, is a vertigo, which is the result of weakness. Everything points to depression of the sensorium. Oleander

is an important remedy, when the symptoms just mentioned are forerunners of paralysis.

Once I succeeded in curing a case of headache with Oleander. It was some years ago. The patient was a young lady. The headache was relieved by forcibly looking cross-eyed. Looking up *materia medica*, I found that Oleander had pain in the head relieved from looking sideways. That was why I prescribed the remedy.

Studying the action of Oleander on the abdominal organs, we find emptiness and goneness in the pit of the stomach, even after eating, relieved by taking brandy. You will find this symptom indicating Oleander, in very weak women who are nursing. Immediately after nursing, the patient is seized with tremor and is so weak that she is scarcely able to walk across the room.

Carbo animalis is also suited to this condition.

Oleander is useful in diarrhoea. The stools are thin and contain undigested food, the characteristic symptom being, the patient passes undigested the food he had eaten the day before. This symptom you may notice in children with cholera infantum and marasmus. Another symptom calling for Oleander in infants and children is, "every time they pass wind, they soil their diapers."

Here you must study Oleander in conjunction with *Ferrum*, *Arsenicum*, *Argentum nitricum*, and *Cinchona*. *Ferrum* has diarrhoea with stool containing undigested food. It is unattended by pain and is worse during a meal.

Arsenicum is indicated in diarrhoea caused by chilling the stomach by the ingestion of cold substances. The stools are of a yellow color and are attended with pain of a burning character. The patient is worse after midnight than at any other time. There is great thirst.

Argentum nitricum is indicated in diarrhoea in which the bowels move as soon as the patient drinks.

Cinchona is useful in diarrhoea with watery evacuations containing undigested food. The diarrhoea is very debilitating; stools may escape involuntarily after a meal. It is caused or made worse by eating fruits.

Apis mellifica is a good remedy in cholera infantum with wide-open anus and involuntary escape of fæces.

Phosphorus and *Aloes* also have involuntary escape of fæces. The symptom may best be expressed as a want of confidence in the sphincter ani.

In *paralysis*, Oleander is indicated when the disease invades

one or the other limb, is painless and usually preceded by vertigo. I think that Oleander like Gelsemium is indicated only in functional paralysis. I do not believe that it will cure paralysis of central origin. It goes farther than the Gelsemium, however, in implicating the sensory nerves as well as the motor.

Oleander also has an action on the skin. It produces a very sensitive skin so that very slight friction causes soreness and chafing, especially about the neck or between the scrotum and the thighs. It produces an eruption simulating that of *Crusta lactea* on the scalp and also back of the ears, oozing a fluid and breeding vermin. It is just as important a remedy in this disease as *Sulphur*, *Mezereum*, *Viola tricolor*, etc. The distinction which you may make lies in the other symptoms; *i. e.*, if the characteristic gastro-enteric symptoms are present, Oleander will be the remedy.

For symptoms produced by acute poisoning with this remedy, *Camphor* is the best antidote. For the chronic symptoms particularly if there is any cutaneous disorder, *Sulphur* is probably the best remedy because it is the most similar. Of the value of this last suggestion, I am not positive. I merely offer it to you for what it is worth.

VINCA MINOR.

This is one variety of the periwinkle. This *Vinca minor* contains a bitter and astringent principle, making it of service as a tonic, to use old-school language, and also as a styptic to control hæmorrhage. These properties it retains in the potencies. For instance, it may be used for profuse menstruation or menorrhagia, when the blood flows in one continuous stream without interruption, associated of course with great debility. I find that Dr. Richard Hughes in his *Manual of Pharmacodynamics* speaks of three cases of post-climacteric hæmorrhage all of which were improved by *Vinca minor*.

In one, a permanent cure resulted. In the other two, there was a return of the hæmorrhage; and in one of these, the trouble was due to carcinoma.

Vinca minor produces an eruption, like its relative *Oleander*, an offensive-smelling eruption on the scalp and face and behind the ears and breeding vermin. It develops a crust which allows the discharge to remain beneath, and decomposition furnishes pabulum for the vermin.

Vinca minor is also useful in *plica polonica*, a condition in which the hair is matted together.

In these skin symptoms, you may compare *Vinca minor* with several remedies, and first with *Viola tricolor*. This is useful in crusta lactea when the exudation is very copious; like *Vinca*, it mats the hair together, but there is this peculiarity which always enables you to distinguish between the two, that is, *Viola* has very strong-smelling urine, which has been aptly compared to cat's urine so strong is its odor. You may think of it when persistent eczema is accompanied with disturbance in the urinary organs, either too copious urination or sudden cessation of the secretion of urine.

Another remedy is *Arctium lappa*, which is useful for moist offensive eruption, forming grayish-white crusts especially when the glands are swollen; the axillary glands even suppurate.

Still another remedy is *Nux juglans* for crusta lactea or tinea favosa, with soreness on and behind the ears (*Graphites* also has this symptom), the scalp is red and itches violently. Scabs appear on the arms and in the axilla (also *Arsenicum iod.*).

Staphisagria is a good remedy for an oozing foetid eruption; the hair falls out. The eruption is worse on the occiput. Scratching seems to change the place of itching. It is particularly indicated for sickly children with pale face and dark rings around the eyes. They are easily angered just as under *Chamomilla*. It is especially indicated after the abuse of Mercury.

IGNATIA AMARA.

Ignatia is preëminently a spinal remedy, as is also *Nux vomica*. Like *Nux vomica*, it seems to intensify the impressionability of all the senses, perhaps even more than that remedy does. Under *Nux*, this over-excitability is exhibited by anger, vehemence and irascibility; in *Ignatia*, by melancholy with tendency to weeping. Now, while there is this melancholy with the tearful mood, yet the patient smothers his or her grief. *Ignatia* patients nurse their sorrows, keep them from others: while with *Nux vomica*, the patient is vehement and angry, he strikes any one who may oppose him; he is so overbearing, that one can scarcely live with him. You must separate this melancholy mood of *Ignatia* from that of *Pulsatilla*.

The *Pulsatilla* woman is tearful, sad and melancholy like *Ignatia*, but there is not that introspective mood that there is in the *Ignatia* patient. She makes her grief known to every

one who comes near her. She seeks sympathy. She is timid and yielding in her disposition.

We find Ignatia indicated in nervous women who are laboring under grief, especially when of recent origin, particularly if the patient dwells upon her troubles in secret. Such troubles find relief in Ignatia if not of long standing.

For the chronic or long-lasting effects of grief, we have *Phosphoric acid*; often where this remedy is indicated, the patient complains of night sweats, not from organic disease, but from sheer exhaustion. She has little or no appetite, and complains of a sensation as of heavy pressure on the top of the head, as though a great load lay there.

Ignatia we find then to be useful for the consequences of grief and also by reason of this great sensitiveness to external impressions which it produces; we find it indicated in hysteria, especially when the patient alternately laughs and cries, in other words, exhibits a changeable mood. The face flushes at every emotion. Sometimes the laughing becomes spasmodic and ends in screams and even spasms of the chest with blueness of the face. We have also globus hystericus or feeling as if a ball were rising into the throat. This is often relieved by belching, while drinking water causes an aggravation of the convulsive action in the throat. The patient may fall into a half unconscious state, with thumbs clenched (as we find under *Cuprum*), and face blue. Finally a sigh and a long-drawn breath announce the return to consciousness. Now let us consider some of the concordant remedies of Ignatia in these hysterical states.

Platina is indicated in hysterical women with marked mania.

Hyoseyamus is called for when the mental condition of the patient exhibits marked jealousy. She is full of suspicions. She fears that she will be poisoned, and may on that account refuse all food and medicine.

Asafetida like Ignatia has the globus hystericus; flatus accumulates in the abdomen and, pressing up against the lungs, produces oppression of breathing. It is especially useful in hysterical convulsions after suppression of discharges.

Moschus is particularly suited when the patient faints readily. She sits down to her meals and faints dead away from the little extra amount of food taken into the stomach. She also has violent spasms of the chest in which it would seem that she must almost die. She turns blue in the face and foams at the mouth. She may be of scolding disposition and even this causes fainting.

Valerian is useful in these hysterical women when the slightest exertion causes violent headache. They often complain of a sensation as if a string were hanging down into the throat. In the latter part of the evening, they exhibit a tendency to flushes of heat. The slightest pain causes fainting. They complain of a warm sensation rising into the throat from the stomach with the *globus hystericus*. You will often have to use *Valerian* for pains which simulate those of rheumatism in the limbs. They are worse while the patient sits and better when she walks about.

Nux Moschata is indicated in hysteria associated with frequent emotional changes and enormous bloating of the abdomen after even a slight meal. The patient complains of excessive dryness of the mouth, even when that cavity exhibits the normal degree of moisture.

The *Valerianate of Zinc* I have used for a common symptom with hysterical persons and with nervous persons generally, and that is for what has been termed the fidgets. They cannot sit still, or they must keep the legs in constant motion. I have used it and I do not remember to have failed to cure in a single instance. This uneasiness of the feet is not an uncommon symptom in old cases of uterine disease. I usually give it in the second or third potency.

The headache of *Ignatia* is usually situated in one spot in the head, just as though a nail were being driven into the spot. Any little mental work, or in fact any work that is irksome or more severe than usual; any strong odor, whether pleasant or otherwise; any emotion which would be borne without trouble by one whose nervous system is in a natural state, may bring on this headache. The attack often ends with vomiting. These headaches are periodical, returning every two days. They often terminate with a copious flow of pale, limpid urine. Several other remedies have this last-named symptom, headache relieved by copious urination. They are: *Aconite*, *Gelsemium*, *Silicea*, and *Veratrum Album*.

The power of *Ignatia* to produce increased excitability renders it useful in spasms, not only of hysterical origin, but also in delicate women, who are not hysterical and also in children. The spasms are excited by emotions, such as fright or fear; *e. g.*, the child after punishment has a convulsion. Then, too, when the child goes to sleep, there is whimpering in the sleep. This, too, *Ignatia* cures. Under ordinary circumstances the child will get over the trouble without any treatment; but if the child is an extremely delicate one, or if

the trouble occurs during the period of dentition, or there is some reason for fearing convulsions or hydrocephalus, Ignatia may prevent a great deal of trouble. During the convulsions, when Ignatia is the remedy, you will find the face pale, or else at times flushed up, but usually deathly pale. There is twitching of individual muscles, those about the eye-lids or the mouth, and the child stiffens out. Especially is Ignatia the remedy when the convulsions have appeared after grief, fright, or some violent emotion.

In these convulsions produced by emotions, unless you have perfectly in your mind the distinction between several remedies, you may not make as prompt a cure as you ought. *Opium*, like Ignatia, is a remedy for the sudden effects of emotions. It does little or no good for the protracted effects. It, too, is worse after punishment, fright, or fear. The body stiffens out, the mouth and the muscles of the face twitch. Thus far, it is exactly like Ignatia. The distinction lies in this particular: under *Opium* the face is dark-red and bloated. The spasms are usually associated with loud screams, more frequently so than Ignatia.

Glonoine produces sudden violent congestions to the head as does *Opium*. Like *Opium* and Ignatia, it may be used for the sudden effects of violent emotions. In the convulsions, the fingers are spread asunder and extended, a symptom which you also find under *Secale*.

Veratrum Album also suits for convulsions after sudden violent emotions. But you find the face cold and blue, with cold sweat on the forehead.

Hyoscyamus has sudden starting and twitching of the muscles, more so than Ignatia; one arm will twitch and then the other. The motions are all angular. There is a great deal of frothing about the mouth. The patient seems to be wild.

Belladonna is probably more frequently indicated than any other remedy for convulsions following violent emotions, anger, etc., with bright-red face, wild straining eyes, hot head, and spasm of the glottis.

Opium is probably the best remedy when from fright of the wet-nurse, the child gets retention of urine.

Cuprum is indicated in convulsions where the fingers are clenched. There is marked blueness of the face and mouth. Any attempt to swallow fluids causes gurgling in the throat.

Chamomilla is useful in convulsions of children after any

emotion. It is easily distinguished from Ignatia by the petulant angry disposition of the child. One cheek is red and the other pale, and there is hot sweat about the face and head.

There is a sore throat curable by Ignatia. The patient complains of a sensation as though there was a plug in the throat, worse when not swallowing. Examining the tonsils, you find them studded with small superficial ulcers, having a yellowish-white color. There is a constricted feeling about the throat with a great deal of nervousness and insomnia.

Ignatia may be used in chills and fever when there is thirst during the chill and when the warmth of the stove or artificial heat relieves the chill. That is not a common symptom. This is very different from *Nux vomica*, which finds no relief from covering up or from the heat of the stove.

The action of Ignatia on the genital organs must also be mentioned, as we find it indicated in dysmenorrhœa, associated with what is termed menstrual colic, that is when there is a great deal of bearing down in the hypogastric region. The patient exhibits hysterical symptoms. The pains are of labor-like character, and are seemingly relieved by pressure, by lying down, and by change of position. The menses are dark.

The nearest remedies here are, first, *Cocculus indicus*. This has uterine spasms and dark menstrual flow; but the backache always enables you to differentiate this drug from others. It has a weak, lame feeling in the small of the back, as though the patient were about to be paralyzed. The limbs tremble when the patient begins to walk. In addition to this, she often complains of a feeling of emptiness, or hollowness in various cavities of the body, especially in the chest and abdomen.

Pulsatilla is at times to be used for this menstrual colic, particularly when the menses are dark in color and delayed. The flow is usually fitful. The patient is apt to be chilly; and the more severe are the pains the more chilly does the patient become.

Chamomilla is a third drug similar to Ignatia in uterine spasms. It is indicated by the mental symptoms. The patient is very cross, can scarcely answer any one civilly.

I would like you to remember also *Magnesia mur.*, which is indicated in uterine spasms accompanying induration of the uterus, whether of a scirrhous nature or not.

Actæa racemosa is called for in uterine spasms when the pains fly across the hypogastrium from side to side.

In disorders of digestion, *Ignatia* is useful when the patient complains of the presence of a bitter or sour-tasting mucus in the mouth. He has marked aversion to certain foods. Food may be regurgitated. Gastralgia is present. He has hiccough, aggravated by eating and smoking, and, especially in children, by emotions. There is an empty, gone feeling at the epigastrium, with qualmishness. The bowels are disordered.

Hyoscyamus is one of our best remedies for hiccough occurring after operations on the abdomen.

Stramonium and *Veratrum album* for hiccough after hot drinks, and *Arsenicum* and *Pulsatilla* after cold drinks.

Teucrium marum verum is useful in hiccough after nursing.

Ignatia is useful in prolapsus ani, which may or may not be accompanied with hæmorrhoids. You have as a characteristic symptom, sharp stabbing pains shooting up into the rectum. This prolapsus ani may annoy the patient, even if there is soft stool. There is constriction at the anus, aggravated after stool, and better while sitting.

Zincum holds a very peculiar relation to *Ignatia* and *Nux vomica*. It follows *Ignatia* well, while it is inimical to *Nux*.

CURARE.

Curare acts on the periphery of the motor nerves, hence it produces paralysis of motion without any disturbance of sensation. When taken internally it causes violent symptoms, sudden vertigo associated with great weakness of the legs. Sooner or later this is followed by vomiting of bile. Some time ago I treated a man with cirrhotic liver. Every morning, at ten or eleven o'clock, he had an attack of bilious vomiting. This preceded a chill. Nothing seemed to stop it. But as he had this dizzy feeling just mentioned I finally gave him Curare 500, and that stopped the vomiting after it had lasted two or three weeks. The man lived two or three months after that.

Dr. Petit, of Paris, recommends Curare for the dyspnoea of emphysema when the patient seems to be pretty far gone. He administers the drug in 3d or 6th potency.

Closely allied to *Nux vomica*, and the class of remedies which we will take up next week, are certain remedies derived from the order

JUGLANDACEÆ.

All the Juglandaceæ seem to cause a condition of the blood in which that fluid becomes dark and pitch-like in color. They all cause hæmorrhages.

Juglans regia, or the walnut, is useful for menses coming too soon, and composed of nothing but black coagula.

They all cause cutaneous eruptions. The most important here is the *Juglans cinerea*, sometimes called the *Juglans cathartica*.

This *Juglans cinerea* is one of the best remedies in occipital headache. The pains are of a sharp, shooting character; with this symptom, you may use the remedy in diseases of the brain or spinal cord.

Juglans cinerea also causes jaundice, just like *Nux vomica*, with stitching pains about the liver, pain under the right scapula (also *Chelidonium* and *Bryonia*), the patient wakes at three o'clock in the morning and cannot go to sleep, and often these symptoms are associated with the occipital headache just described. The stools are bilious, or yellowish-green, burning the anus, and associated with tenesmus.

In dropsy of the chest, *Juglans cinerea* is useful when there are red spots on the skin, looking very much like flea-bites.

GRAEFE OPERATIONS FOR CATARACT.

BY W. H. WINSLOW, M.D., PH.D.,

Ophthalmic and Aural Surgeon to the Pittsburgh Homœopathic Hospital.

CASE XI. A feeble American citizen, P. D., aged 73 years, of Pittsburgh, Pa., was sent to me by Dr. Millie J. Chapman for a cataract operation. He had hard nuclear cataract of both eyes, but could see to go about a little with the left eye. The eyes were otherwise healthy.

Assisted by Dr. Chapman, in the presence of some of the dispensary physicians, I operated upon the right eye without an anæsthetic.

The patient had nerved himself for much pain, but when the lens was removed he asked me when I was going to begin. He was much astonished when I told him the operation was finished, and he said, "That didn't hurt any. I only felt a little pricking."

I discharged him in two weeks, with V. = $\frac{1}{4} \frac{5}{0}$ Sn., wearing spectacles of + 11 D. This was subsequently reduced to $\frac{1}{7} \frac{5}{0}$ by

an attack of iritis, while I was in Colorado. I operated on the same eye for dacryocystitis soon after.

This sight he continued to enjoy four years, until he was killed by a wagon while going across the street after dark for some tobies (choice Pittsburgh cigars with a flavor of burnt woollen rags).

CASE XII. A feeble, neurotic, phthisical Irishwoman, Miss B. B., age uncertain, probably 45 years, of Pittsburgh, Pa., came to the hospital for operation for cataract. Both eyes showed hard nuclear cataract. Reflex was poor, but the eyes looked otherwise healthy.

Dr. Gangloff gave ether and finished with chloroform, and I had made a modified linear incision and an iridectomy, when the patient began to vomit. A sponge was held over the eye, the opposite side of the head turned over the side of the bed, and a basin held below. Severe vomiting continued ten minutes, and much undigested apple was ejected.

She had eaten an apple at 11 A.M., contrary to orders, and had said, "I'm hungry, and guess I'll fool the doctor." So she did. Fooled me out of another successful case, and herself into a blind eye.

As soon as possible, the lids were separated, and I saw the lens dislocated and standing edgeways in the coloboma, and a bead of vitreous presenting. I removed the lens with a spoon, pushed back the vitreous, and bandaged the eye.

Absolute quiet was enjoined, but that night the patient persisted in sitting up several times, and got out of bed twice to use the vessel.

Irido-choroiditis set in, and the eye became atrophic and sightless. I will not enumerate the numerous medicines that were ordered, because they were taken irregularly and often not at all. The woman was the most ill-tempered, snarling, aggravating, mendacious, and vindictive specimen of the sex I ever knew, and she just did as she pleased until I discharged her at the end of two months about well. The Lord deliver all of us from such patients.

CASE XIII. A very stout, plethoric Welshman, J. P., aged 65 years, of Coshocton, O., had hard nuclear cataract of both eyes, and had lost the right eye by escape of vitreous at the hands of a Columbus, O., oculist.

The left eye looked well and reflex and light perception were good, but the iris did not dilate to atropia.

I put him in the hospital and operated upon his left eye without an anæsthetic. Dr. Gangloff was assisting me, and I

took the fixation forceps from him after the iridectomy and introduced the cystotome, and at the upward stroke, the lens followed the instrument out. The patient could see immediately, and I bandaged the eye.

The fifth day, he recognized a half dollar, and was discharged in two weeks, having $V. = \frac{2}{4} \frac{0}{0}$ Sn., with a + 14 D. glass. This subsequently improved to $\frac{2}{3} \frac{0}{0}$ Sn. He had good sight until he died two years later from pneumonia.

CASE XIV. The same gentleman who is reported in case VIII. decided to have an operation upon his right eye, which showed hard nuclear cataract. The eye was more promising than the left had been, and I felt confident it would come out favorably.

Dr. Bingaman assisted again and gave ether. The operation was smooth and deliberate, and we had the satisfaction of closing the eye all right.

Recovery was slow but sure, and a + 11 D. glass gave, in two weeks, $V = \frac{2}{7} \frac{0}{0}$ Sn., which subsequently rose to $\frac{2}{4} \frac{0}{0}$.

This continued and added greatly to the pleasure of the gentleman until he died four years afterwards.

CASE XV. A strong, healthy Scotchman, J. H., aged 60 years, came to Pittsburgh from Canada to have an operation for cataract. He had worked all his life as a moulder until his sight failed, and he was obliged to do laboring work about the mills.

The eyes had no signs of disease or degeneration except hard nuclear cataract and some marks of old capsulitis in the right.

Dr. S. Cornelia O'Keefe, who attended some relatives of the patient, assisted me very skilfully in making the usual operation upon the right eye without an anæsthetic, except that I cut the capsule around the periphery *à la* Knapp in order that its opaque part might fall down out of the pupil and give better sight.

A little lens matter remained in the lower border of the capsule, but did no harm. I think this is likely to occur in Knapp's operation and, sometimes, do harm, so I no longer practice it, preferring the usual crucial incision.

The wound healed kindly and the bandage was removed in ten days. Much congestion of the conjunctiva remained till the fourth week, and I was fearful and watched the case carefully.

One day Mr. H. said to me, "Doctor, I want to smoke. I won't get any appetite till I do." I had stopped his pipe

several days before the operation. So I let him smoke three times a day ; his eye began immediately to improve, and was well in one week.

With a + 11 D. glass, his V. = $\frac{2}{40}$ Sn., and this improved in one month to $\frac{2}{30}$, and the man went to work again in a mill as a sorter of iron ore.

CASE XVI. A fairly preserved, healthy American farmer, W. H. F., aged 66 years, of Brownsville, Pa., was referred to me by Dr. W. J. Martin, his physician, for operation for senile cataract. There was hard nuclear cataract of both eyes, the right being hypermature and showing streaks of calcareous degeneration in the capsule. Appearances were otherwise healthy.

Dr. Martin gave ether and assisted me in the Graefe, which was made without accident. The course of healing was normal, and we discharged the patient at the end of two weeks with V. = $\frac{2}{40}$ Sn., using a + 14 D. glass.

The last I heard of him, he had read an original composition, in writing, by candle-light, before a literary society in a country schoolhouse, and was recommending his doctors to the community.

CASE XVII. A rather decrepit man, P. P., aged 66 years, of Birmingham, Pa., was recommended to me by Dr. Z. T. Miller, the family doctor, for cataract operation.

He had hard nuclear cataract of both eyes, riper in the right ; the arcus was very broad, the conjunctiva full of venous congestion, and the cornea dull and bleary. The pupils reacted well to Atropia solution, and an operation was decided upon at the end of a six weeks' convalescence from a bruised hip-joint.

Dr. Miller gave ether and I made the usual incision on the right eye. The bleeding was free, and I waited till it had subsided. Then I rolled the globe downwards, and while making the iridectomy the conjunctiva tore away from the whole lower border of the cornea, so that Dr. Miller had to seize the subconjunctival tissue to steady the eye till I had finished. The iridectomy was all right, and the lens was extracted safely and sanguineously.

Here was a case. Nearly half of the cornea cut away above and much of the nourishment of it lost below by the separation of the conjunctiva. If that old degenerated cornea don't slough away under such circumstances, thought I, it ought to.

The usual plaster, cotton and bandage were put on after all hæmorrhage had ceased, and the greatest care was enjoined.

He got well very slowly. His eye was red for weeks, and he could see very little, for there was blood in the eye as well as outside. At the end of four weeks the pupil had cleared and I saw a crescent of capsule across the lumen. This I needled nicely, and his vision rose immediately to $\frac{20}{60}$ Sn., the eye cleared, and the patient was discharged with + 11 D. spectacles.

Four years have passed and he has the same vision and is at work as a day watchman.

(TO BE CONTINUED.)

THE SURGERY OF THE MALE PERINÆUM AND EXTERNAL ORGANS OF GENERATION.

A CLINICAL LECTURE BY C. G. WHEELHOUSE, F.R.C.S., CONSULTING SURGEON TO THE GENERAL INFIRMARY AT LEEDS.

(Delivered before the pupils of the Medical Department of the Yorkshire College December 9, 1885, and published in the *British Medical Journal*.)

GENTLEMEN: There are certain regions of the body which, so far as their surgical aspects are concerned, are of more than ordinary importance. The surgical emergencies to which they are liable are apt to come suddenly on the practitioner, and are liable to involve consequences of vital moment. Thus, if called upon to rescue the life of a child from impending suffocation, and tracheotomy is our only resource, it would ill become us to have to sit down, and on the moment to study and think out the anatomy of the parts concerned and the steps of the operation; for, whilst we did this, the patient would die, and our resuscitated skill would be of little avail for the restoration of the child.

In managing a case of hernia the same observation holds good; for, to save life, our knowledge and our skill must be kept ever bright and ready, producible at a moment's notice, and that without either hurry or excitement, and yet with a precision that will not be daunted by trifling difficulties or unusual peculiarities, but will be ready and apt to meet and overcome either. And, on the other hand, there are cases which can only be dealt with in a perfectly satisfactory manner after their nature, causes, and probable results have been thought out very seriously and from many different points of view, after the probable or possible effects of various methods of surgical treatment have been carefully considered and reasoned out, and the whole subject has been weighed and exhausted in the mind of the thinker.

How, for example, was John Hunter's method of treating aneurism arrived at? If, called to the help of a patient suffering from a popliteal aneurism, he had acted on the former lines, he would promptly have amputated the limb; whereas, by proceeding on the latter, he was enabled to arrive at an operation philosophically perfect, and which, while it saved the limb, yet substantially cured the disease, and restored the patient to the full activity of life as perfectly as he had ever enjoyed it. To us, who see this apparently simple operation performed so often, its real physiological aspect and importance seem almost to have dropped out of sight; but with how different a significance does it bear upon our minds from that with which it must have pressed upon the imagination of its great originator! Where are the hours of philosophical deduction and thought which led him to a result so brilliant? Where the many experiments, whether of his own, or of the immortal Harvey, which proved the possibility of its success? Where? They are stored in the archives of science, there to be used as the common property of every operator of to-day; and in the heart of every true surgeon they rise as a grateful incense of past sacrifice, and as a thankful remembrance of a splendid inheritance bequeathed to us by a noble ancestor.

For exactly a hundred years, this operation has been before the surgical world. It was first publicly performed by Hunter in December, 1785; and who can count the number of those who have benefited by it?

It was, I think, whilst revolving some such problems as these in my mind, that the subject of the clinical study of the surgical needs of the male perinæum came into it, and led me to the determination to address you in one of these clinical lectures upon that subject. In thinking the matter over, I remembered the many times I have been summoned suddenly, in the dead of the night, to this institution for the relief of cases of extreme retention of urine, in which I have been called upon, almost at a moment's notice, to decide as to what was best, in a given case, to be done; whether simply to relieve the distended bladder of its load, and await further consequences; to combine with this some much more serious procedure, which, whilst doing this, should also do more, and would enable me to strike for the producing cause at the same time; or it might even be to do all this and yet more still, by seeking to limit the evil consequences of mischief already done, of extravasation, of sloughing, and of sinking vitality. And, whilst thinking of these cases, I have remembered others of

scarcely less importance, in which the results of my personal experience may, as it has seemed to me, be utilized for your future advantage.

It so happens, that my thoughts have been led to dwell a good deal on the surgery of this region, and I think it may be possible, out of my past experience, to evolve something that may prove of service to you in your coming years. Let me take, for example, first of all, the simple operation of amputation of an epitheliomatous penis.

If the disease be confined to the glans, and be not far advanced, the old operation, completed by one stroke of the knife, and followed by the old and tedious method of healing and dressing, might even now be sufficient. This simple operation, so long as we were unprovided with anæsthetics, was undoubtedly the most merciful procedure; but when, with anæsthetic aid, time and suffering were subjugated, it behooved us to leave no stone unturned in the improvement of our method; and then came the plan of cutting through the corpus spongiosum and urethra at one, and through the corpora cavernosa at another level, and of providing the raw end of the stump with a covering of skin, as carefully as we should have done had the member amputated been a finger or a thigh.

This operation you will, doubtless, very often see performed. But, from time to time, cases of return growth will present themselves, or cases in which, from various motives, the disease has been permitted to run on unchecked until it seems, at first sight, almost hopeless to interfere, or to attempt its removal. But, gentlemen, in this institution you will as rarely see, I fancy, as I in former times saw frequently, such cases dismissed as hopelessly too late, and beyond the pale of surgical help.

I had often been struck in my younger days, with the sadness of the sight, when I had seen return growths, sometimes in the body of the penis, sometimes in the inguinal glands or in the testes, or even in all these situations together, condemned as hopeless, and have wondered if they ought really to be so; and, little by little, I have watched the broad mantle of surgery spread over them, until at last I have seen them all included in the ever-widening and lengthening list of remediable cases.

First, I noted the increasing frequency with which return growths alone were removed, and the closeness to the pubes from which they were removed with success; next, I saw

masses of secondary growth in the inguinal glands taken beneficially away ; then I saw the testes, after invasion by similar return growths, also swept away, with the result of prolonging life, and adding vastly to the sufferer's comfort ; and, lastly, I have lived to complete, with my own hands, a proceeding more perfect in its result than all these when individually and separately done.

Let me relate to you the case. On March 20th, 1879, a laborer, aged 50, presented himself, during my hospital-visit, with disease of the penis. He was perfectly free from any syphilitic taint, but showed a large, malodorous, fungating swelling in the region of the penis. About six years previously, he had received a somewhat severe kick over the genital region. He thought little of the injury at the time, and, when its immediate effects had passed away, he dismissed all thought of it from his mind. Gradually, however, the penis became indurated and painful ; and an intractable sore, apparently of an epitheliomatous character, developed around the glans. This was removed by amputation in the ordinary way, a short stump only being left ; and, for a while, he was rendered comfortable again.

At the time he was admitted into the infirmary under my care, his condition was as follows : The stump of the penis was again indurated and painful ; the urethra was so far closed that micturition could only be performed by drops ; the glands in the groins were swollen and tender, but were not ulcerated ; and both testicles were indurated, swollen, and had open fungating sores upon them.

Here, then, was an extreme case,—one in which, a few years earlier, I should have felt that there was nothing to be done, that the disease had passed beyond the domain of surgical help. I brought the case before my colleagues for consideration, and even then they were all agreed that it was so, and that he and I had better accept and bow to the inevitable. But, fortunately for this man, I had noticed in my reading (in the *British Medical Journal*, I think it was), a few weeks previously, a short paragraph under the head of "Surgical Memoranda," describing an altogether novel method of dealing with such cases ; and, rather than leave him to so miserable a fate as was before him, I determined that I would try whether it was capable of affording him relief. The operation aims at the total removal of the entire body of the penis, and is performed as follows : A vertical incision is made through the skin of the mons Veneris, and, sweeping around each side of

the root of the penis, is carried onward into the raphe of the scrotum. The skin being then held away on each side, the body of the penis is drawn fully out of the wound, so as to expose the organ to its very root. A twitch is then placed upon it as far back as possible. This is so tightened as to act as a tourniquet, and then the organ is severed from its connections immediately in front of the triangular ligament. The dorsal artery of the penis and any other bleeding vessels are then secured, the tourniquet-twitch is removed so as to expose the part freely, and any portion concerning which any doubt can be entertained is carefully clipped away. The body of the penis is thus entirely removed, and the first stage of the operation is completed.

Next comes the question, what is to be done with the urethra? This, as you know, is one of the great difficulties of the old operation—perhaps, the greatest; the passage in that operation is simply slit along its under surface, and the edges of the mucous membrane are stitched back to the edges of the skin, and the after-diminution of the canal by the double cicatricial action of its own tissues and of the skin remains, *par excellence*, the evil to be contended with.

In the new operation, we deal with it thus: As a second stage is proceeding, the patient is placed in lithotomy position, the perinæum is laid open in the centre, and the urethra, into which a sound has been passed from above, is carefully dissected from its connections for about an inch, or an inch and a half, and is then brought down into the perinæum, is brought out through the wound there, is laid open on its under surface for half an inch or so, and its margins are carefully stitched to the edges of the perineal wound at a little distance in front of the anus. There it is permanently fixed; a soft rubber catheter is introduced into the bladder, and is kept there for a few days. Both wounds are then carefully stitched up, and, when they are healed, no trace of the penis can be found. Henceforward, the patient is obliged to micturate in the sitting position; but, as he retains perfect control over the bladder, this is a matter of but little inconvenience.

The glands in the groin should now claim attention. It may be that they are swollen, enlarged, and in a state of sympathetic irritation, and yet are not infiltrated with the germs of the specific disease. They were in this condition in the case of which I have been speaking. If we can be tolerably confident that such is their condition, they should be, by all means, left alone. The source of irritation having been re-

moved, they will, probably, quietly return to their normal state, and the less injury inflicted on the patient the better. But if, on the other hand, they be already implicated in the disease, I would strongly advocate their removal as part of the operation; for, though their ablation may seem to add materially to the primary risk to the patient, it will, in reality, very greatly help to insure the permanence of its protective influence, and may retard the return of the disease by many months.

Since the above operation, which I consider a memorable one in the annals of my surgical life, I have seen my colleague, Mr. Jessop, in a case which seemed really desperate in its extent, sweep them all away with the happiest and most perfect result.

Then, with respect to the testes, you may, perhaps, conceive that a little more deliberation should be exercised before they are removed. In a case in which, only a very short time previously, I had performed a somewhat similar operation, these organs were in no way implicated; there appeared to be no reason for interference with them, and they were allowed to remain. In the one I have just detailed to you, they were distinctly involved in the disease, and, without hesitation, I removed them. The result, in the two cases, was as marked as it was different. The two patients lay in contiguous beds, were constantly comparing notes, and never failed to give me the benefit of their discussions. The removal, though it added greatly to the severity and danger of the operation, did not prevent the patient from making an excellent recovery, and he has, many times since, spoken to me with the greatest gratitude and thankfulness for the complete relief I had afforded him in every way. In the case, on the other hand, in which I did not remove them, they became, from first to last, a cause of trouble and distress. Soon after the operation, they became swollen, and remained tender for a long time; they were there as a possible seat for the return of the disease, and, by their physiological action, they were a constant source of annoyance. To a patient otherwise completely mutilated, you will easily understand how and why this should be so; and many a time that patient volunteered the assertion that he wished that, while I had been about the business, I had made a complete sweep of everything for him as well as for his neighbor. The one patient was, so far as is possible in such a case, completely relieved, the other was only partially so; the one was freed from physiological as well as from pathological discomfort; while

the other remained a prey to desires which could never be gratified ; and the eventual condition of the former was certainly more satisfactory and perfect than that of the latter.

When, therefore, you feel compelled to resort to the more sweeping measure of total ablation of the penis, I think the consideration of the patient's condition in the future, should he recover from the operation, should be laid fully before him, should be carefully explained to him beforehand, and, should he determine to submit to the removal of the testes, as well as of the penis, I should not often hesitate to make the operation complete. So long as any portion of the penis is left, this question will never, of course, arise ; but, when that organ is completely and entirely removed, it becomes a very essential part of the consideration to be placed before the patient.

Pray, gentlemen, remembering what I said to you in my last lecture on the unwisdom of claiming priority in any surgical proceeding, bear in mind that I claim no precedence as to this ; I derive it from a German source, and, whilst I find that my own countrymen are nearly as tenacious of their claims to priority and inventions as is possible, I fear our foreign colleagues are just a little more so.

As concerns the next operation to which I desire to draw your attention, I might, I think with safety, be a little more venturesome in this respect, without running any very serious risk ; for, without any attempt on my part to claim originality or priority in the method of performing perineal section or external urethrotomy, as you will see it performed in Leeds, my colleagues first, and the profession generally afterwards, have done me the honor to call the operation mine, and to assign it a high rank among surgical proceedings. Certainly, in our hands, it has proved a very successful one, and, I think I may say without fear of contradiction, has enabled us to find the correct and safe way into the bladder in many cases in which, by any other, it would have been impossible to do so. I do not claim for it anything in the way of originality ; it has been entirely a matter of observation, and is, after all, only an improvement on former methods of operating in certain points, at which, when I have either been myself, or have seen others, met by unusual difficulty, I have set myself to think how those difficulties might best be overcome. It happened to me, in my early days, to see so many mishaps in attempting to reach the bladder from the perinæum without any actual guide, that I resolved, if possible, to find or to invent some better method than the old operation. But, perhaps, I

had better describe that to you first, then the earliest modifications of it that I saw, and, lastly, my own operation, as the result of my observation.

Given a case of stricture which, by reason of long-continued neglect, has at last become practically impervious, or so nearly so that, though a fine catgut or whalebone bougie may sometimes, and at others may not, be capable of being passed through it, the patient's life is endangered by the mischief arising from backward pressure upon the bladder, the ureters, and the kidneys. It has manifestly become necessary that the stricture must, in some way, be overcome, if your patient is to be saved. Already his life is rendered burdensome, for day and night alike he is answering repeated calls to micturate; and, on very trifling provocation, a little indulgence at table, a little imprudence in exercise, a trifling exposure to cold and damp, complete retention comes on. This, so long as a catheter cannot be passed, involves hours of agonizing suffering, and can only be temporarily relieved by long-continued medical and topical treatment, hot baths, antimony, opium, and so on, and, even with the aid of these means, is only too likely to be followed by such irritation around the stricture as will end in the formation of local abscesses, and, in process of time, by fistulæ with which the perinæum eventually comes to be riddled.

Such, then, is the case to which you may at any time be called, and for the relief of which you ought to be prepared to act; and I will endeavor to show you how I am able, notwithstanding all difficulties, as a rule, to reach the bladder along the true track of the urethra, and with safety. In the old operation, the knife, guided by the forefinger in the rectum, was passed steadily onward from the surface until it entered the urethra somewhere in the neighborhood of the prostate; and, once relief was afforded to the distended bladder, and the risk of extravasation was avoided, the surgeon was content, and the stricture was henceforward disregarded. Upon this procedure, Mr. Cock, of Guy's Hospital, was the first, I believe, to introduce a great element of precision. Having ascertained two pathological facts—(1) that the portion of the urethra which lies immediately in front of the apex of the prostate is never strictured, and (2) that it is usually dilated—he made it a *sine qua non*, in operating, that this point should first of all be clearly defined by the forefinger of the left hand in the rectum; next, that the knife, entered half an inch in front of the anus, should be plunged deeply into the perinæum

and be then carried steadily and unflinchingly onward until it was felt by the left forefinger to have penetrated the urethra at that point. Then, the knife being withdrawn, it was followed by a catheter to the same spot, which catheter was then passed through the prostate into the bladder, and there retained. Retention having been thus relieved, and the danger of extravasation prevented, he would, as circumstances seemed to dictate, either rest content with having effected so much, or would make a further attempt to divide the stricture also; attacking that from behind, and making the healthy but dilated portion of the tube, which he had already found and opened, his new starting-point. You will at once see how much more likely it is that a fine probe will follow even a tortuous urethra in the natural line of outflow than in opposition to it; and by this manœuvre Mr. Cock was, I believe, almost invariably able to succeed in accurately incising the stricture, as well as in relieving the distended bladder. But it is not given to all men to possess the hands of Mr. Cock, and skill such as he possessed is only attainable by few; and hence, notwithstanding his almost invariable success, some simpler and more attainable method for the many, remained a desideratum.

Now let me tell you how we used to see the operation performed here in my early days, and you will see how my method grew up in my mind. A full-sized silver catheter, or as large a one as the urethra would admit, was passed down to the stricture; then the point was turned round, and pressed outward in the perinæum until it could be clearly and unmistakably felt there. Next, it was cut down upon, and the urethra was opened upon its point, and the parts in the middle line were carefully divided, until the point of the catheter could be carried on into the bladder. In this way, no doubt, a road of some kind was cleared into the dilated portion of the urethra behind the stricture, from which Mr. Cock would have made his start; and happy was the patient in whose case it was effected in any moderate time, and the catheter was then passed onwards into the bladder.

But, gentlemen, I cannot adequately describe to you the difficulty which seemed generally to attend upon this part of the proceeding. The very recollection of it is distressing to me now; and, after all, we had no guarantee that we had really followed the true course of the urethra through the stricture. Further, we had nothing really to guide us to the distal portion of the urethral track, and the efforts I have seen made to

find that, have been painful beyond description, and often unsuccessful after all. Was it not possible then to think out some means of simplifying this, apparently the crucial difficulty of all?

I suppose there were no greater or more skilful lithotomists in England than the late Mr. Smith and the late Mr. Teale, and in watching their operations I learned the next step in my own. They were always very careful in their teaching to point out to us the infinite danger accompanying too free division of the prostate; and Mr. Teale, in order to avoid this, invented a special dilator with which, after he had opened the urethra, and had lightly incised the prostate, he used to dilate the neck of the bladder gently to enable him to introduce his finger without violence or force; this is his dilator.

I could not help seeing how, if I could only find the posterior orifice in the urethra, after division, or supposed division of a stricture, I had in this instrument an absolutely safe guide through the prostatic urethra and neck of the bladder, along which I could not fail correctly to reach the bladder itself with my catheter; and light seemed now to be breaking in on my course. Could I make as sure of opening the urethra at a point in front of the stricture, where it was certainly healthy, as Mr. Cock was of opening it in the distended membranous urethra behind it? Yes, without difficulty I could do that. I had only to use a straight grooved staff, and stop off the last half inch of the groove, and I could not go wrong there. I had only to pass my staff, with the utmost gentleness, down to the stricture, and allow the point to rest lightly against that, without attempting to enter it, and then, if I cut straight into the groove, and followed it till I came to my "stop," I knew that I must be exactly half an inch in front of the obstruction. Then I wanted to see that obstruction; so, with a pair of long straight-nibbed pointed catch-forceps, I seized the edges of the opened urethra, and drew them apart. Then I found that, if it were not for the presence of my staff, I could probably see into the urethra, and that, if I could only draw that up a little, I should have a still better chance of doing so. I next, therefore, put a slight hook on the end of my staff, so that, by turning it round, I could hook up the anterior angle of the wound in the urethra, draw the tube up to the surface, and look down on the face of the stricture. By the aid of very careful sponging, I found I could readily do this, and, in my first case, I was able to see the orifice of the contracted urethra, and to insert a fine director

into it. On this director I was, of course, able carefully to follow the course of the contraction, and to divide it with the absolute certainty that I had never left the true track. The stricture thus divided, I had no difficulty in passing my now freed director straight on into the bladder, and had thus secured my entrance into the posterior section of the urethra: then I had only to turn the groove in my director downwards, insert the beak of a Teale's dilator into it, pass that on into the bladder, and I had then an unmistakable guide, with the aid of which it was impossible to err.

But, gentlemen, I must not mislead you, and I am bound, therefore, to tell you that you will not always find matters so simple as this, nor will the operation always run quite so smoothly as this description would imply. I have already said that, if the stricture be a very old one, and have been long neglected, you may find the perinæum so indurated and riddled with fistulæ as to make it very difficult to expose the urethra at all; and not only may it be surrounded by gristly lymph, but its course may have been greatly altered and distorted also.

When I have had such a case as this to deal with, I have usually passed as far as I could into each fistulous track, a black bristle, or some such guide—or, where I could, a very fine director—and on these I lay open each sinus till I reach its termination. Some one of them may lead me into the urethra; but I do not rely upon that, as they are often very indirect, and only communicate with the urethra in roundabout fashion; but I find that they always lead to the neighborhood, and generally more or less converge upon the true track, so that they give me some help, though they may not be altogether trustworthy guides, and, with care and patience, I generally succeed in effecting the object I have in view. And, even if you should find it impossible to make quite sure, I would not have you despair. Under such circumstances, though I have never yet done it myself, I should not hesitate to follow the example of my colleague, Mr. Robson, and entirely cut out the bad piece of the urethra, leaving nature to form a new one around a full-sized catheter, which I should, for that purpose, retain many days longer than usual. Mr. Robson tells me that, on one occasion, he was driven to do this, and that the case made an excellent recovery.

Or, again, I would offer another suggestion for your consideration. You will have noted, by the whole tone and tenor of every lecture it has been my privilege to deliver before you, that the bent of my mind is eminently conservative; that,

looking backward through all that it can remember of the past, it clings with tenacity to that which has stood the test of time, and has proved itself to be good; that it is equally ready, on proof, to reject all that remains doubtful or uncertain; and that it is no less ready to welcome with open hands every true scientific advance in surgery. I claim, then, even while specially engaged in reviewing the past, to be permitted to look onward, also, into any vista that seems bright with hope; and, in this matter of the cure of urethral stricture, I am eminently inclined to do so.

Hitherto, no true method of permanent and lasting cure has been reached. We may dilate; we may burn out; we may split, we may cut strictures whether from within or from without; but, up to the present time, we cannot cure them, that is, both take away the obstruction and restore the parts to their primitive condition of original health.

Whatever method of treatment we may employ, however good a result we may obtain, we never overcome the tendency inherent in every inveterate stricture, to recontraction. If left to itself, or even in spite of occasional treatment, every stricture is doomed to recontraction, until we find some way in which the abnormal deposit of heterogeneous lymph around the urethra, which causes it, can be truly removed. To effect this, every known method has hitherto failed; but, if certain reports which come to us from America prove trustworthy and true, we are not unlikely to find in electrolysis a simple means of arriving at true cure. It is said (*Lancet*, December 5th, 1885, p. 1040) by Dr. Anderson, of Illinois, that it is capable of effecting this most truly desirable result. His words are these: "Apply electric force in a proper manner to the tissues which produce the condition we call 'stricture' and 'disintegration' results. The parts are not 'burned out,' as some infer, but the abnormal growth is resolved into its primary elements, is absorbed and permanently removed, whether the stricture be the result of injury or of the 'ordinary inflammatory causes.'"

This is too bright a light to be ignored. It may, like many another vaunted remedy, prove only an *ignis fatuus*, and may lead us no nearer the goal of true cure of stricture than other methods have done. So far, personally I have no practical knowledge of it; but, with opportunities so abundant as are at our disposal in this hospital, we shall be culpable if we do not test the matter fully and firmly, and you are fortunate in that you will be privileged to watch the results.

Another obstacle that sometimes arises is this: there may be "penile" strictures, which make it very difficult, occasionally impossible, at the moment, to introduce the staff as I have directed. Should this be so, I should, if I could, delay the major operation until I could so dilate these as to get the staff through; and, if matters were so urgent as to make the necessary delay improper or impossible, I should resort to some means, such as aspiration of the bladder above the pubes, or through the rectum, for the relief of immediate danger, and leave the stricture to be dealt with in after and quieter times.

Against one thing only, I warn you; you must never, under any circumstances, open the spongy, that is the penile urethra, from without. A wound made into the urethra, in front of the scrotum, will infallibly lead to a permanent and most distressing fistula, which, if you ever succeed in curing it at all, you will only close with the utmost difficulty; for, readily as a wound into the urethra through the perinæum behind the scrotum will heal, it will not do so in front of it.

At this point, and having regard to the extreme importance of the subject, I might be excused if I were to branch off into the subject of stone in the bladder, and might tell you of the changes that, even in my day, have come to pass in that wide field of surgery. I might show you how fruitless have been all the attempts, from Allarton's onwards, to shake the position of the old, and grandest of all surgical operations, that of lateral lithotomy, from its pedestal of preëminence; and yet, in doing so I should be compelled to show you that, whilst no cutting operation has ever been able to displace it, it is certainly doomed, in coming time, to become as rare as it has, hitherto, been frequent and successful. The introduction, by Professor Bigelow, of litholapaxy or "lithotritry at a single sitting," and the all but universal success that has attended that operation, will, if I am not greatly mistaken, have sounded the death-knell of lithotomy in any form, except in the cases of young children, in whom the passages are not sufficiently developed to admit the use of the necessary instruments, and in whom, providentially, lithotomy can hardly be reckoned as a very serious operation.

For a few years yet to come, lithotomy will be seen from time to time; but I venture to predict that beyond the days of the students of the present generation it will only be seen as a rarity, and only be rendered necessary by a negligence or an ignorance which will be equally culpable and unpardonable.

To enter upon the subject now would be impossible, it is far too important ; but, if we be spared, it may be that, at some future time, either I, or one of my colleagues, may make it the subject of one or more of these addresses. And so, this brings me to the only other region of the perinæum about which the surgeon has much to say ; namely, the anal region.

Last year, my colleague, Mr. Teale, thought "the surgical neglect of the sphincter ani" a matter of importance sufficient to justify him in bringing it specially before you as the subject of an entire lecture. What he said to you concerning it, I do not know, for, at the time I am writing these lines, his lecture has not yet been published ; but I, who know, or think I know, all his mind upon the subject, can very well suppose what the drift of his teaching would be. If, therefore, I repeat something of what he told you, I must ask you to pardon me, not only on the ground that a good thing will bear telling more than once, but also because it may be well to look at even familiar objects from different points of view, before coming to definite conclusions concerning them.

By London surgeons, as a rule, the operation of "stretching the sphincter" is neither recognized, nor taught, nor appreciated ; indeed, I have heard of its being scouted, as unsurgical and unnecessary. It is well that you should know this, at any rate ; for some of you, who, having seen the infinite good to be derived from it, having seen it regularly practiced here, and having arrived at the conclusion that you believe it to be both surgical and valuable, may some time be presenting yourselves for examination, and may there be called upon, if you aver its utility, to give your reasons for the faith that is in you, and by doing so will show your examiner that, though you and he differ in opinion, it is not ignorance on your part that leads you to do so, nor want of thought or study, but simply conviction derived from practical knowledge.

Introduced into Leeds by the late Mr. Teale, the practice of "stretching," in preference to "cutting," the sphincter has been upheld for twenty-five years at least, and of late years has rather grown than declined in favor. The principle upon which it is based is, of course, the one formulated and eloquently preached by the late Mr. Hilton, that the true cure for parts suffering from irritation is to place them physiologically at rest ; and the ground upon which we prefer it is, that by it we can attain our end without causing an external wound, and, thereby rendering our patient liable to septic poisoning.

Consider, for a moment, the position and office of the sphinc-

ter, to guard the rectum from the involuntary discharge or escape of its contents. This, so long as the rectum is at peace, it is capable of effecting easily, perfectly, and without strain, and its ordinary action is neither violent, nor spasmodic, nor irritable. But suppose some sort of irritation to have arisen in the bowel—acute diarrhœa, chronic ulceration, fissure, fistula, or piles—and what will be the state of the sphincter then? In direct proportion to the amount or the duration of the continuance of the disease, it will become hypertrophied and strengthened to enable it to maintain its power and its office, and, in time, it comes to be enormously more powerful than is natural, or, were the parts in a healthy condition, necessary.

Piles, supposing them to be the cause of the irritation, are perpetually tending to protrusion, and are ceaselessly warring with the muscle; from time to time, when the fæces are passed, the piles are protruded with them, remaining after defecation in the grasp of the sphincter; they are crushed and bruised, and become inflamed and painful; and, even though they be released from their imprisonment, as they usually are, by the patient, and are returned into the bowel, it is only to continue there the war with the sphincter and to prolong the agony. Or, suppose that a painful ulcer or fissure exists within the margin of the anus (and immediately within the anus is their most common seat), what will then be the state of affairs? The discharge from an ulcer or from fissures cannot get away, the sphincter will not permit it to do so; it accumulates and irritates the muscle, this retaliates by increased contraction, and thus the war goes on, to the infinite disadvantage of both parties concerned; the ulcer spreads, the fissure deepens, and the sphincter hypertrophies.

Sometimes, in the case of fistulæ, matters do not become quite so accentuated or acute, for the matter finds a vent in the perinæum, beyond the range of the action of the sphincter, and the direct irritation to the muscle is so much the less; but, in one and all these cases alike, you will have been or you will be taught, and every text-book you read will reiterate the fact, that, for their cure, you may do whatever you will, but you will not succeed until you have put the sphincter at rest, and you are invariably assured that its division with the knife is the only way to do it.

Now this is the point which we in Leeds contest. We assert, and we assert it upon abundant practical experience, that careful, deliberate, and efficient stretching will do all that incision will do, and, doing it without causing any external wound, will

subject the patient to far less risk than is possible by incision. Some of you may smile at the idea of there being any risk in so simple an operation as division of the sphincter, but there are such things as accidents ; Sir James Paget has most appropriately termed them "catastrophes of surgery," which ought never to be forgotten and should be avoided, where possible by any amount of foresight on the part of the surgeon. One such, in connection with the subject under consideration, happened to me in my early days ; and, so profound was the impression it made upon me, that to forget it even now is quite impossible. For a painful fissure of the anus, I passed a bistoury along its track, divided its indurated base, and, with that, the resisting sphincter underlying it ; but in less than a week my patient, the father of a young family, was dead, having very speedily after the operation been attacked with acute and fatal septicæmia. By stretching in preference to cutting, we have it in our power to avoid this risk, at any rate ; and, in my experience, the best method of doing it, where possible, is with the fingers, or, if need be, the thumbs alone. Let the patient be placed fully under the influence of ether, and then, according to the amount of hypertrophy, or the degree of resistance in the sphincter, dilate it steadily, either with the fingers, or with some appropriate instrument, until you have overcome all undue resistance, and can leave the anus soft, patulous, and free from irritable tension.

I have heard the question carefully discussed, as to whether the digital or the instrumental method of dilatation is the best. Personally, I prefer the digital, my object being to tear so much of the muscle across (the mucous membrane over it remaining intact) as shall be sufficient to diminish, without destroying its whole power. I can, when my fingers are the instrument used, feel with them when I have done what I wish, and I need do no more. But so great is the hypertrophy, sometimes, that the fingers, even of the strongest hands, are quite inadequate to the task of overcoming it. In such cases I usually dilate steadily first with the instrument I show you, till I can withdraw it (wide open) with freedom and without resistance ; or, with a tenotomy knife, I divide subcutaneously a given proportion of the hypertrophied muscle ; and after that I carry on, where it is necessary, any further dilatation with my fingers.

Gentlemen, I commend this proceeding to your careful study and consideration ; and the more thought you give it, and the more experience you have of it, the more, I feel confident, will you cling to it as a decided advance in surgery.

A SPECIAL CAUSE OF INTESTINAL OBSTRUCTION.

BY JOHN C. MORGAN, M.D., PHILADELPHIA, PA.

(Read before the Pennsylvania State Homœopathic Medical Society.)

EARLY in August, 1885, I was consulted by a married octoroon woman, about 32 years of age, for pains in the left iliac region, remaining after a miscarriage two months previously, and since treated by an allopathic physician. She had also, in January last, a six months' birth. *Nux vomica* proved curative; but a few days later, being slightly constipated, she took a dose of Castor oil, which being followed by obstinate vomiting, and renewed pain and tenderness of the lower belly, I was sent for. The prescription of *Puls.*, and later *Rhus*, was followed by relief, except of the vomiting, which was renewed by every kind of ingesta, but the fecal element was not suspected, owing to the fact that the evacuations were promptly removed—another illustration of the necessity of physicians *always* requiring their exhibition. After several days, whilst I was sitting by the bedside, a gush from the stomach revealed the truth, and this, taken with the continued constipation, recalled the remark of the late Dr. Paul B. Goddard, of Philadelphia: "When there is fecal vomiting, I instantly ask, 'Have you a lump in your groin?'" I sought for hernia but found none; nor was there any reason to imagine one *within* the cavity of the abdomen, nor volvulus, nor intussusception, either.

Remembering that I had previously found the uterus large, soft, and flexed to the right side, as well as prolapsed, and that pressure of this organ upon the rectum is a common cause of constipation, I examined her per vaginam. The touch astonished me. Only the lower cervix was distinguishable, and with the hand externally, a huge soft-solid mass was made out, occupying the superior strait of the pelvis, and much of its cavity, most on the left side, feeling to the finger within, very much like the buttocks of a descending child.

Two lesions might, respectively, cause such an accumulation within the short period since my former examination, which, of course, excluded any new growth, viz.: pelvic cellulitis, and pelvic hæmatocele. Against the former, was the absence of tenderness, pain, and fever. In favor of the latter, was the sudden formation of the mass, with the probable exciting cause, a miscarriage at the end of the third month, with the remaining stretched state of the vessels on the left side of the flexed and softened womb, etc. Position of the body did not alter

that of the tumor; hence, of the two varieties of hæmatocele (of Quain), 1st, the intra-peritoneal, or retro-uterine; 2d, the sub-peritoneal, or peri-uterine or interstitial, properly called "pelvic thrombus," the latter was accepted as the exact form of pathological change to be overcome. This determined, the indication for anti-hæmorrhagic measures was clear. Elevation of the hips, cool air, quiet, and the internal use of certain drugs were then prescribed. For twenty-four hours she took, hourly, *Hamamelis* 3d (dissolved pellets); the tumor had then abated one-fourth, but she was very weak and restless, and the weather being hot, she desired to be constantly gently fanned. Loss of fluid as a cause with the other symptoms, now demanded *China* 200 every hour. At the end of twenty-four hours, the blood tumor had subsided to such a degree (as shown by digital examination) that the remedy was administered at intervals of two hours. Before the next morning the constipation was overcome, and an exhausting diarrhœa had taken its place. This was relieved by *Arsenicum* 200, given "after each loose stool." Later in the day, digital examination per vaginam, together with the hand upon the hypogastrium, proved the entire re-absorption of this pelvic thrombus; and the fact of its being a cause of ileus, was also established. No mention of this fact is to be found in medical literature, if the silence of Hicks and Durham in Quain, and other modern authorities, signifies anything; but since this case is now upon record, it must henceforth be counted among the causes, in women, at least. Even among men it seems quite possible that interstitial hæmorrhage and thrombus may arise from violence, or the local treatment of piles, etc., with similar intestinal obstruction.

THE ROYAL AUTOMATIC DOUCHE.

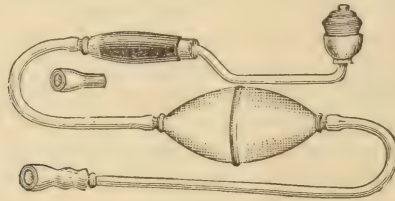
BY GEORGE B. PECK, M.D., PROVIDENCE, R. I.

CONCERNING the utility of the syringe, little need be said. No instrument pertaining to medicine finds more frequent or varied or important employment than this. Neither can a substitute be found. To the surgeon, to the gynæcologist, and to the obstetrician it is as indispensable as to the general practitioner; and more to the homœopathician than to the "regular," since conscience forbids *his* unloading an impacted rectum with a dose of aloes at the imminent risk of the unfortunate's life. No less invaluable is it to the domestic circle. "No

well-regulated family should be without it." Both old and young, male and female (more especially the latter), find it to be at once the preventive and the cure of unnumbered evils. Yet its use has been attended with serious difficulties, annoyances, and even dangers, that have been patiently endured simply because it is generally believed they cannot be removed. It is my pleasing duty to call the attention of my professional associates to an invention which, in its several forms, remedies almost if not quite every defect hitherto recognized.

And first let us examine the rectal douche; not because it is the least in value, but because it is the simplest—so simple, indeed, that one wonders why it has not been produced before. As is seen by the cut (Fig. 1), this consists apparently of an

FIG. 1.



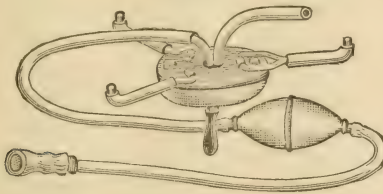
ordinary soft syringe, to the delivery tube of which is attached a metallic pipe heavily nickelplated and curved in a most convenient manner. The thickened portion is a black enamel handle which covers the pipe for a short distance and affords a firm grip to the instrument, thereby contributing as largely to its success as other portions at first sight regarded more important. At the extremity is a simple, soft-rubber cup (resting on a metallic base) which contains, firmly set in its centre, a short pipe of hard rubber. The duty of this last especially is to direct the cup to such a position that it will symmetrically cover the anus, but it also conducts the water opposite the anal orifice. A firm hold of the grip maintains the instrument in position and forms a water-tight chamber whence the liquid flows gently, almost imperceptibly, through the only possible egress into the rectum.

The advantages secured by this arrangement, although sufficiently obvious, are of such exceeding importance, that brief reference must be made to them. No pain is occasioned by its use in the presence of abrasions, ulcerations, fissures, fistulæ, or hæmorrhoids; no irritation to the most delicate integuments or the most sensitive nerves. No hard foreign sub-

stance provokes the sphincter to remonstrance at the advent of an intruder, still less to vigorous attempts to expel. No regurgitations befoul the hidden recesses of the douche, nor corrode its valves. Neither bacteric, specific, nor other poison can secure its aid in extending its ravages. Modesty, purity, comfort, and elegance find all their demands satisfied.

One of the chiefest desiderata to the medical profession has been an instrument for the complete irrigation of the vagina, whether as a means of local medication or for thorough lavement. This is perfectly secured through the vaginal douche, of which there are several patterns, each well suited to one of the two positions in which they must be used, the sitting and the reclining. Fig. 2 represents the form best adapted to

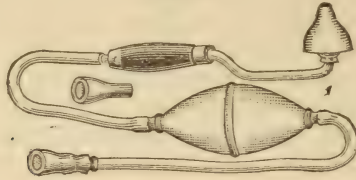
FIG. 2.



general use. Attached to a syringe as before, is seen a soft-rubber air-cushion, ovoidal and semi-ovoidal in outline, resting upon an adjustable table, folding, soft-rubber coated, metallic frame. This may be placed on an ordinary slopjar or other convenient support as a common chamber (which, however, had best be raised a foot or more from the floor), or a water-closet seat. The patient sits upon the delicate cushion, which, by the weight of her person, is perfectly adapted to the ostium vaginæ, forming a water-tight cover whence no fluid can escape save as desired. The syringe nozzle (which passes perpendicularly through the centre of this cushion) maintains its position spontaneously, leaving both hands free to inject the water or perform any other required task. A heavy metallic suction cup, noiseless from its soft-rubber coat, protects the instrument and the organism alike with a fine strainer tightly stretched over the distal extremity, and permits conversion into a fountain syringe simply by elevating the basin. (For strainer, see more particularly Figs. 1 and 3.) But whether the water be injected into the vagina by compression of the bulb or by the force of gravity, that organ is sufficiently distended to bring the liquid into contact with every part, not

only thoroughly cleansing it, but perfectly applying the contained remedy, while the pelvic viscera are held in a comparatively natural position. The vagina is emptied by a slight, almost imperceptible, rising motion of the body which permits the fluid to drop instantaneously into the jar. By the time

FIG. 3.



the patient has resumed her position the vagina is again filled. It will be observed that for the purposes designed to be attained, this douche is absolutely perfect. For the treatment of prolapsus uteri it is an important adjunct. (In the cut a waste pipe may be noted by a careful observer. That is kept closed by the pressure of the syringe nozzle and opened when desired by gentle traction on the efferent tube. In my opinion, however, the former style is the more desirable.)

Fig. 3 represents a form which may be preferred by certain persons, or for peculiar conditions of the ostium vaginæ. The soft-rubber cushion, conoidal in shape, is attached to a handle similar to that employed for the rectal douche. Of course, a slight movement of the handle is all that is requisite to empty the vagina. This, also, is intended for use in an upright position.

Still another vaginal douche is manufactured, and that is adapted to a reclining posture. A strong but light and convenient handle is provided, that the patient when lying on her back may hold it firmly in position. (Of course an attendant can perform that service should necessity require.) The cushion is conoidal, as in Fig. 3, but differs in having perforations in the upper portion which connect with a waste tube, whose length is sufficient to permit a final discharge of the water into any convenient receptacle besides the couch. Should it be desirable to retain the fluid within the vagina for any given time, all that is necessary is to pinch the waste tube. This douche promises to be a most convenient article in cases of post-partum hæmorrhage. I shall place one in my obstetric bag as soon as it can be procured.

All these douches are made by the Royal Manufacturing

Co., of Birmingham (England), Philadelphia and Indianapolis, are constructed not only with an eye to convenience and comfort, but to durability as well, and will be placed on the market at rates corresponding to those governing the Davidson syringe. The two forms of the douche first described have been subjected to the personal test of myself and assistant respectively. We will not part with either at any price until they can be purchased in open market. To have seen them once is *probably*, to have used them once is *certainly*, all that is necessary to render them indispensable to the medical practitioner.

FRAGARIA VIRGINIANA.

BY HORACE F. IVINS, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homeopathic Medical Society.)

THE following notes may not be of direct value as indicating a set of symptoms worthy of proving, nor may they serve to indicate that the strawberry will ever become a remedy of any value in combating disease, as the indications here given are evidently only idiosyncrasies.

It is hoped, however, that the peculiarities noted may prove of value in leading us to proscribe the use of these berries in certain ailments, as being liable to aggravate the annoying symptoms of our patients. Or, further, by calling attention to their action, some obscure cases may be more easily explained. We may thus prevent not only delay in recognizing the source of the affection, but do away with unnecessary medication while seeking for the cause of the malady.

The symptoms given are those which have arisen, in certain persons, after eating our fresh, cultivated American strawberries. In many of the cases the fact that the berries were eaten with sugar or cream has had little if any influence on the case; it seems to be the berry itself which gives rise to the annoyance. The conditions presented themselves, in the various cases noted, in from two to twelve hours after the meal, and lasted from twenty minutes to three days in various individuals. No symptoms have been recorded unless the same person has noticed them more than once, and under similar conditions. When it was at all possible that these symptoms could have had a different origin, they were excluded.

Therefore, I think, it may fairly be assumed that the conditions noted can be pretty conclusively stated to have been occasioned by the strawberry.

In some cases noted, the symptoms were produced every time the berries were eaten, the time of the season not affecting their action; with others, on the contrary, annoyance was only apparent during the early part of the strawberry season; later, though partaken of freely, no aggravation was noticed.

Observation 1st. A lady æt. about 36—demi-blonde, rather nervous—always has indigestion following indulgence in strawberries. She has a gnawing sensation in the gastric region, with moderate pain; slight eructations which give temporary relief; otherwise no annoyance. Three other cases have presented almost identical conditions.

Observation 2d. A lady æt. 56, thin, dark-complexioned, bilious temperament, spinal irritation, in whom once eating of the *Fragaria* will produce a tingling in the tongue and mouth. In from 36 to 48 hours the condition will disappear; if, however, she eats of them the second time before the first symptoms have disappeared, the condition will not only be aggravated, but the tongue and mouth will feel raw, while the tingling will extend down the œsophagus to the stomach; greater persistence will result in actual abrasions of the buccal and lingual epithelium; the formication will grow worse along the line of the œsophagus, and "the whole body will tingle," as she expressed it, "as though a mild faradic current were being employed."

Observation 3d. A gentleman æt. 32—blonde, rather stout, rheumatic history, otherwise healthy—is, at times, after eating *Fragaria*, affected with urticaria all over the body; the large white welts are the most numerous, but many small ones appear as fine shot under the skin. The pricking pain is quite intense, and he complains of a tense, drawing sensation, as though the skin were too tight. At the height of the attack, which may be reached in one or more hours after the ingestion, the surface of the body is covered with large beads of perspiration. When this stage is reached the symptoms all subside in a few minutes; the attack is often terminated by a copious stool. This condition occurs usually once or twice during the season; at other times no annoyance is experienced from eating even large quantities of the berries.

Another case always has an eruption on some one portion of the body. Vesicles form and burst within a couple of hours and then the attack subsides. This person is extremely gouty. Another person is always affected with swelled, tingling, and painful feet.

Again a case (reported to me by Dr. P. J. Langer) always

suffers after eating, or even coming in contact with strawberries. The condition which this person presents, is the following: Well-marked urticaria; large white welts appear on the fore-arms and on the thighs; the itching is intense. Other members of this class suffer from small reddish spots which itch quite severely.

Observation 4th. A dark-complexioned gentleman, rather slender, health good until recently. In the early part of the season, he always has a change in the voice after eating strawberries. It becomes husky, quite deep, and at times almost aphonic. Later in the season, no such effect is produced. To this class belongs also a lady who is affected with almost the same condition.

Observation 5th. Not the least interesting of these cases is that of a lady—brunette, of slender build—who invariably has a quite severe, but dull pain in the renal region. This condition begins soon after partaking of the *Fragaria* and passes off after a number of hours.

Finally, a large number are always constipated by eating these most delicious berries.

Every physician has, no doubt, had similar cases, and can therefore confirm most of the symptoms which I have here presented, at the same time being able to add some which are not given. It would be a good thing, it seems to me, to give this subject more consideration in the near future.

NASAL DIPHTHERIA.

BY T. S. DUNNING, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

DIPHTHERIA, in spite of antiseptic and germicidal treatment, continues to be one of the most fatal diseases, especially to children. We have not yet found any method of treatment superior to the symptomatic homœopathic. It is, nevertheless, important that the disease should be recognized and properly diagnosed, both for treatment and prognosis. The typical cases with membranous patches in the inflamed fauces, prostration, fever, general aching and feeling of malaise, with or without the offensive breath, are easily made out, but the insidious cases developing in a peculiar manner or in out-of-the-way places are more apt to be mistaken for something else, and their serious nature overlooked. I have, therefore, pre-

pared some notes on several cases where the nasal symptoms were present.

J. D., aged $2\frac{1}{2}$ years, was taken sick on Saturday, with a croupy cough, which grew worse through the night and on Sunday. There was present a sawing respiration, loss of voice, and considerable dyspnœa.

No membrane in fauces, but evidently some in the larynx. There was no relief through the day. The child's appetite was good and his strength kept up quite well. A moist secretion from the nostril at first, changed until there was a yellowish gristle-like membrane lining the whole nasal cavity and finally filling it. There was at no time any membrane in the fauces or on the tonsils.

He grew worse steadily in spite of the remedies used, but on Tuesday night there was considerable amelioration and several hours' quiet sleep. All day Wednesday he grew better, and had a good night. On Thursday, an easterly wind set in. He was allowed to sit on the lap and look out the window. He was very bright and much interested in what he saw. Voice had not returned. At six P.M. he played and romped, seeming strong and in excellent spirits, but being near the closed window, or the change in the weather, had probably given him fresh cold. At $8\frac{1}{2}$ P.M., he began to grow worse. By ten he was struggling for breath. He grew worse all night, and the next day, at about $11\frac{1}{2}$ P.M., he died in a convulsion, having had a previous one a half hour before. The trouble began in the larynx; the fauces kept free; there was no prostration to any degree. Yet here was the false membrane in the larynx, and in the nares, the latter certainly looking like diphtheria. Was it diphtheria? The sthenic condition, the croupy cough with the loss of voice, the free fauces, the sweet breath, the good appetite, and no emaciation led me to a diagnosis of membranous croup; though some other cases have led me to doubt whether it was not diphtheria.

Carrie N., aged $2\frac{1}{4}$ years. Two older sisters had sore throats, patches on the tonsils, stuffed-up nostrils, from which they discharged thick, gristle-like plugs. They also had a corrosive discharge from the nose with swollen glands. This was three weeks before the membrane was discovered in the throat of Carrie. They both recovered. This child had first the same inflamed nostrils and corrosive discharge from the nose, but two weeks after it began, we found patches in the fauces, which developed into a thick diphtheritic membrane, and in a

couple of days spread into the larynx, developing the croupous form. By this time there was fully developed membrane almost closing the nostril. Five days after, membrane was discovered in the throat, the child died asphyxiated.

This was a clear case of diphtheria, and the nasal symptoms developed in the previously inflamed nostrils. Or, was not this inflammation of the nares itself diphtheritic? Certainly it seemed contagious. One had it first, and the others followed, even a grandmother in the family getting it. They were all quite sick from it, though they were able to keep about the room, but so was Carrie until the last two or three days. It seems to have been a sluggish development of the diphtheritic poison.

Frank F., infant of nearly a year. His older brother had sore throat with white aphthous-like patches on the tonsils. These soon yielded to treatment, but there remained a stoppage of the nostrils with a corroding discharge therefrom. After continuous treatment for some weeks this yielded, but the boy was long in getting strong. After a little his infant brother with swollen submaxillary glands (there had previously been an abscess of one of these), an ulcer covered with a white deposit appeared on inside of the upper lip, half an inch in diameter, making lip stand out, a deposit in the nares, at first with a moist secretion, but later developing a membrane. This seemed to extend up the nasal ducts, and involve the eye, swelling the lids enormously, and preventing the examination of the mucous surface. There were no patches on the tonsils or in the fauces. The child died suddenly from heart failure. It had taken very little nourishment during its sickness, because of the lip. Was not this an anomalous case of diphtheria? Was his brother's case a light one of the same disease?

In these cases, it will be noted the severe ones all died. All of the fatal cases had the larynx invaded, except the infant Frank, who really died from exhaustion, not being able, because of his lip, to take sufficient nourishment. I think most cases of nasal diphtheria owe their fatal termination to the laryngeal symptoms. That is my experience. I have saved some cases of croupous diphtheria, but I do not remember now any case in which the nares and larynx were both seriously invaded that recovered. The treatment in these cases was both symptomatic and local, but as that would make the paper too long, I will omit it.

DISCUSSION ON NASAL DIPHTHERIA BY THE PHILADELPHIA
COUNTY SOCIETY.

REPORTED BY H. F. IVINS, M.D.

DR. A. R. THOMAS opened the discussion by referring to Dr. Dunning's paper. He agreed with the doctor that it was often difficult to differentiate between diphtheria and croup. He believed that some of the cases reported in the paper were croup, as there had been neither enlarged glands nor foetid breath. He considered it important to differentiate in certain cases. Those in which there is neither glandular enlargement nor foetor of breath he considers croup. The laryngeal symptoms in the two affections may be almost identical. He had seen very few cases in which he had discovered a real membrane in the nose, though many have had acrid nasal discharges. In the case of a lady it might have been made out by means of the rhinoscopic mirror, but anterior rhinoscopy failed to reveal its presence. There was a membrane in the pharynx. The lady recovered.

He also agreed with Dr. Dunning that no treatment gives better results than the symptomatic. The remedy had not been discovered which will cure every case.

DR. C. BARTLETT gave the details of a case of nasal diphtheria which he had under observation. The membrane lined both nasal cavities and covered tonsils and pharynx. The glands of the neck were greatly swelled. Iodine and Liquor calcis chlorinatæ were prescribed in alternation. Improvement was slow but steady. At the end of the twenty-first day, paralysis of the throat appeared, when Gelsemium was prescribed. The boy has a good appetite and yet he remains weak and emaciated.

DR. B. F. BETTS congratulated Dr. Bartlett on the success which he had had in curing a child in which there was such marked enlargement of the glands; as, in his opinion, such cases rarely recover. In one of Dr. Betts' cases the Iodine seemed indicated and relieved the croupous symptoms and glandular swelling, but did not have any effect upon the membrane; on that account he gave the Liquor calcis chlorinatæ which checked the development of the membrane, but the other symptoms for which Iodine was given grew worse, hence he gave, in alternation, Iodine 30^x and Liquor calcis chlorinatæ. These relieved both conditions. If he discontinued the Iodine the croup symptoms were worse and the glands increased in size, and if he withheld the Liq. calcis chlor. the

membrane increased; hence he was driven to the necessity of alternating the remedies. Although an opponent of alternation he had the satisfaction of seeing, in this instance, what he considered one of his worst cases of diphtheria get well.

DR. VAN BAUN thought it too soon to congratulate Dr. Bartlett upon his good fortune in having cured his case; he had had cases die after a longer time than that specified. When the debility continued after the disappearance of the other symptoms there was usually a reappearance of the membrane on some part of the fauces; the patient dying asphyxiated or of heart-clot. He favored the unity theory. His experience had been: where the symptoms are at first mild, insidious, and present only a mere trace of membrane, later spreading rapidly, with only a slight involvement of the glands, the case will prove fatal. He had tried all methods of treatment, the solvent "trypsin" included, but always with the same result—failure.

He related a case, at present under his care, in which for some time the tonsils and fauces had been coated with catarrhal patches, the symptoms being slight cough, free expectoration, occasional dyspnea, and some debility. On removing a patch the underlying surface was raw. The remedy used was the red Iod. Merc. Notwithstanding the mildness of the symptoms, he was fearful the child would not recover.

DR. H. T. WILCOX wished to know more of the treatment employed in the cases of diphtheritic croup reported cured, as thus far the cases that he had seen, not only in his own but in the practice of other physicians, had all died. He believed that he had never seen an undoubted case of diphtheritic croup recover.

DR. E. M. GRAMM considered it very important not to think too lightly of what appeared at the outset to be a simple case of throat affection. His experience with a case related, impressed this statement the more forcibly upon his mind. The child, 2½ years old, had enlarged cervical glands; redness of the pharynx, rapid pulse, etc. For four days it did well, then suddenly vomited a glairy mucus; developed fetor of the breath, with expectoration, discharge from the nose, laryngeal cough, and dyspnea, and died on the seventh day after the formation of membrane on the pharynx, fauces, etc. The formation of the membrane was delayed, but the doctor thinks it may be that the case was originally one of ordinary catarrhal sore-throat, on which was engrafted the diphtheritic process.

DR. DUNNING, in referring to the treatment of a case with

membrane in the pharynx, and later, hoarseness and croup, said he had used internally Kali bi.^{3x} together with inhalations of the same drug from the atomizer, and the vapor of slaking lime. The case recovered. In another case, in which the nose and larynx were involved, there was a deposit in the pharynx and constant corroding yellow discharge from the nostril. Later a well-marked membrane formed in the nose. Kali bi. was used as a spray as well as internally. The child recovered, but had diphtheritic paralysis. She grew strong enough to go out for some weeks, but later a pneumonia developed, from which she died. The paralysis was not cured, but in other respects the child was well previous to the attack of pneumonia.

Still another case of membranous croup in a boy, had suffered with rasping inspiration and expiration, high fever, strong, bounding pulse, and complete aphonia. The Kali bi.^{3x} was given frequently and was used as a spray, and a large quantity of lime was slaked in the room. The symptoms were equally bad during the day. The boy recovered. However, most cases die in which membranous croup and diphtheria are combined.

Miscellaneous Contributions.

THE CYCLOPÆDIA OF DRUG PATHOGENESY.

BY J. P. DAKE, M.D., NASHVILLE, TENN.

As the American editor of the Cyclopædia I desire to call the attention of the members of the Institute to the following circular, issued by Dr. Kellogg, and to say that it will not be possible for them to obtain copies at so little cost in any other way. The price put upon copies by the Institute barely covers first cost, and would not do so were there any pay or margin of profit allowed to the editors or publishers.

The number of copies issued will be limited, so that it will not be easy to obtain a complete set in after times.

I have lately returned from a conference with the English editor, and assure subscribers that the work will be pushed forward with all possible haste. Dr. Kellogg's circular is as follows:

NEW YORK, August 1, 1885.

DEAR DOCTOR: At the meeting of the Institute held in St. Louis, in June last, the following Preamble and Resolutions were unanimously adopted:

"Whereas, It is the sense of this body that the editors of

the New Cyclopædia of Drug Pathogenesis have faithfully carried on the work given them to do, under the rules laid down for their guidance by joint action of the American and English National Societies; and

"Whereas, We do not deem it practicable for the Institute to subscribe for a full copy of the Cyclopædia for each of its members, nor in connection with the British Homœopathic Society to accept the proprietorship of the work, sharing in the same in proportion to the number of members in each body:

"Therefore, *Resolved*, That we authorize our treasurer to subscribe for four hundred (400) copies of the numbers necessary to complete the first volume of the Cyclopædia, and to pay to the publishers net cost of the same.

"*Resolved*, That we authorize our treasurer to receive subscriptions from our members for the numbers ordered by the Institute, putting the price at the actual cost.

"*Resolved*, That with all confidence in the British Homœopathic Medical Society, we would be pleased to have it accept the proprietorship of the Cyclopædia, with the pledge of our support to the extent specified above, believing that such ownership under the immediate direction of the English editor would result favorably to all concerned."

The first volume of the Cyclopædia will comprise four parts. The first has already been published and is in your hands. The remaining three will be issued as speedily as possible, and will be mailed, postpaid, direct from London to subscribing members at the cost price of 67 cents each, or \$2 for the three parts.

Please inform me, therefore, as soon as possible, whether you will be a subscriber or not; and if you do subscribe for the three numbers of the Cyclopædia be so good as to remit the amount of \$2 *at once*, so that I may have the funds in hand to pay for the 400 copies ordered as soon as they are published.

Hoping for a prompt reply, I am, yours fraternally,

E. M. KELLOGG,
Treasurer.

No. 117 West 42d Street.

THE HOMŒOPATHIC MUTUAL LIFE INSURANCE CO.—LETTER
FROM DR. KELLOGG.

117 W. 42D STREET, NEW YORK, Feb. 4, 1886.

EDITOR HAHNEMANNIAN: Permit me to announce to the readers of THE HAHNEMANNIAN, in its next issue, that I

have resigned the Presidency of the Homœopathic Mutual Life Insurance Co., to take effect on the 1st of May next. The present seems so opportune a time to lay aside the burden of its management that I gladly avail myself of it, and return to the practice of medicine with relief. The company is now doing a larger business than ever before, chiefly due to the energy of Mr. Mayhew, its present Vice-President and President elect: it has occupied its new and commodious building, with facilities for greatly enlarged work; and with its large corps of trained agents, seems fairly started on the high road to success. The exigency which drew me into the management several years ago has been safely passed; and I return to my original position of Chief Examiner, or Medical Director. This position, which requires me to examine all applications for insurance, involves considerable time and labor each day, as will readily be understood when I mention the fact that we issued over 30,000 policies last year, and expect to make 50,000 this year. It is almost needless to add that I retain all my interest, both personal, professional and financial, in its growth and success, and that I trust it will always be an honor to the name it bears.

Yours sincerely,

E. M. KELLOGG, M.D.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE General Secretary has the pleasure to announce to the members of the Institute, and to the profession generally, that the next session of this great national and influential body of physicians will convene at Saratoga Springs, N. Y., the last Tuesday (29th day) of June next, at 10 o'clock A.M., and continue in session *four* days, or longer, should the interests and business of the Institute require it. The local committee of arrangements has contracted with the proprietor of the "Grand Union Hotel" (in one of the large parlors of which the meetings will be held), to entertain the members of the Institute, and others who may attend the meeting, at reduced rates, and in a style unsurpassed. The reasonable anticipation of an unusually large attendance has alone enabled the committee to secure the advantages obtained, and it is confidently hoped that its liberal arrangements will be appreciated. In addition to the attractions of the place, the national reputation of the hotel, and the favorable time fixed for the meeting, the

other inducements to attend this grand conclave, should not be underrated. The various bureaux (fourteen in number) embracing every department in medical science and art, are fully organized and resolved to present original and valuable reports. Ample time will be given for a full discussion of these reports, which will contribute largely to the interest and value of the proceedings. A programme of the order of business and a circular giving all possible information in regard to hotel rates, railroad fares, entertainments, etc., will be issued about the first of June.

Blank applications for membership can be obtained from R. B. Rush, M.D., Chairman of the Board of Censors, 120 Main Street, Salem, Ohio, or of the General Secretary, 960 Penn Ave., Pittsburgh, Pa.

J. C. BURGHER, M.D.

General Secretary.

HOMŒOPATHY IN ENGLAND.

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY:

I am "exercised in mind" over Dr. Pope's letter. "To a man up a tree" it looks like "the lamb lying down WITHIN the lion," and "liking it." The *professional* allopathic lion needs to be ripped open by "hostilities," and the too tame lamb made to *grow his horns*, and use them!

Yours, very truly,

J. C. MORGAN, M.D.

HYALINE CYLINDERS IN ACUTE PROSTATITIS.—At a meeting of the Clinical Society of London Sir Andrew Clark read particulars of the case of a physician who was suddenly seized with pains in the limbs and loins, and frequent desire to pass urine, and scalding when it passed, with pain at the anterior extremity of the urethra. The urine rapidly became bloody, accompanied by much dysuria and tenesmus. The urine, examined by the naked eye immediately after its discharge, exhibited numerous minute threadlike fragments. Under the microscope they were seen to consist of hyaline cylinders, in several instances covered by patches of leucocytes. The specific gravity of the urine was 1022, its reaction acid, and it was slightly albuminous. The sediment contained uric acid crystals, oxalate of lime, blood discs, patches of epithelium from the bladder, leucocytes, flask-shaped hyaline bodies and hyaline cylinders. On examination *per rectum* the prostate was found much enlarged and very tender to the touch. The patient entirely recovered, after being ill a little more than a month. Before finding the connection between the cylinders and the flask-shaped bodies, Sir A. Clark was inclined to think the latter originated in the kidney; but further study of the case, and two others similar to it, and examination of the prostate after death, had convinced him of their prostatic origin. In no medical works is mention made of the discharge of hyaline cylinders in prostatitis. Without care they might readily be mistaken for cylinders originating in the kidney. The little flask-like bodies attached to the cylinders distinguish them from those of renal disease.—*Br. Med. Journ.*, Jan. 16th, 1886.


[March,

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editor, *Business Manager,*
PEMBERTON DUDLEY, M.D. BUSHROD W. JAMES, M.D.

Vol. VIII. Philadelphia, Pa., March, 1886. No. 3.

 The Editor is responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors.

Editorial.

HOMŒOPATHY IN THE CRUCIBLE.—The severest tests that homœopathy encounters are those to which it is subjected by its own best friends. It may be denounced, misrepresented, vilified by its enemies, but only those who know a great deal about its principles, methods, and resources are capable of judging of its merits or of expurgating its errors, if errors there be in it. It has more than once been urged in our journals, that the friends of our school of practice should never rest satisfied until every principle—essential and non-essential—held by any considerable portion of homœopathic practitioners, is tried, and if possible, proved by experimental researches of such rigid and exact nature, as should leave no possible doubt of their scientific verity. Only a few members of the profession have expressed themselves publicly against such a proposition, and these evidently through a fear for the safety of their own opinions, or else from an unworthy indifference to those precious interests likely to be benefited by the experiments.

The series of experiments known as the "Milwaukee Test," made six years ago under the auspices of the Milwaukee local society, was a step in the right direction, though it encountered much unfavorable criticism. It was by many thought to be

simply an effort to refute certain opinions respecting the pathogenetic and therapeutic powers of the higher dilutions, but this charge was indignantly denied by those having the business in hand. The series of tests was not a very extensive one, and the results, so far as they went, appeared to favor the view that the high dilutions are destitute of symptom-producing power. As to their *curative* property, the test gave no evidence either way.

About the time the results of the Milwaukee Test were published, Prof. T. F. Allen, of New York, announced his purpose of "demonstrating the presence of drug power in the thirtieth dilution." In his presidential address before the American Institute of Homœopathy, last June, speaking of the proposed "demonstration," he said:

"I had for many years been accustomed to use high potencies in my practice, and felt myself sure of my position. The progress of the experiments involved a familiarity with the action of low potencies, which I at once set about to obtain; and months and years rolled by, but I was not idle. Special potencies have been prepared in the most careful and thorough manner, from the third decimal to the sixtieth decimal; and observation after observation has been recorded and checked by crucial tests. Numerous offers of help have been accepted from persons sensitive to various drugs, and numerous physicians have been interested, and have lent their aid. Even potentizing machines have not been neglected. When Professor Jaeger published his remarkable results by the use of the chronoscope, one of his own instruments with battery complete was imported and attempts made to verify his observations; and as one becomes familiar with the use of the chronoscope only after much practice, a great deal of time was consumed (the late Dr. Butler gave much time and assistance to this work with the chronoscope); and now after many years, I am obliged to stand before you to-day and acknowledge my complete inability hitherto to solve the problem; I have failed at every point." In a letter published in the *Medical Advance* of October, 1885, Dr. Allen further says: "My own attempts to prove the power of the thirtieth potency to affect healthy individuals entirely failed. . . . I believe there has been no demonstration of dynamization and no proof of the power of infinitesimals, and I will not be an apostle of these dogmas until they have been proved to be God's truths. I have worked and fought for them, and for the right of free speech in their favor, and will still fight for it; but since, after years of honest work to prove their truth, I have failed, I can do no less than boldly announce the fact, and solicit the help of all who have at heart the future of homœopathy and of accurate therapeutics."

There is not a man in the homœopathic profession from whom such statements as the above would come with more weight and authority than from Dr. T. F. Allen. He is universally known as an uncompromising adherent to the Hahnemannian philosophy—a man who, to use his own words, has been "waging an unsparing warfare upon allopathic expedients of all sorts." "Those who know me well," he continues, "will bear me out in saying that no one more faith-

fully studies the *materia medica*, more carefully prescribes the indicated remedy, and in every respect is a more consistent homœopathist than I am to-day." And it is probable that in the present state of professional sentiment, any charge of disloyalty brought against him, or any attempt to impugn his motives, would rebound against its author.

Dr. Allen also makes a statement in reference to his recent *clinical* experience with high potencies, but as that does not affect the matter now in hand, we forbear to quote him on the subject at present. It is enough to say that the results of his experiments on the healthy, fully confirm those of the Milwaukee observers; that is, they furnish strong evidence that the thirtieths do not and probably cannot produce symptoms in the healthy human organism.

It would seem that these observations have placed the homœopathic profession under a tremendous responsibility. If we dare not either impugn the honesty of Dr. Allen's statements, nor doubt the scientific nature of his experiments, there are but two courses left open to us as honest physicians: either to prove beyond reasonable doubt that these experiments are valueless or worse than valueless, or else to expunge from the *Materia Medica* all symptoms obtained from "provings" made with thirtieths and upwards. We cannot permit things to remain as they are, and still hold up our heads in the presence of honest men. If these symptoms, thus called in question, are real expressions of drug action, they can be reproduced; if they cannot be, we have no moral right to send them out to deceive and imperil unsuspecting humanity.

The subject is imperative, because it affects the very foundation of our daily practice. If our *Materia Medica* is faulty, if our indications for the use of remedies are unreliable and misleading, our best endeavors to apply the law of similars must too often prove futile. How often we fail to cure even in cases where our selection of the remedy *appears* to be perfectly in accord with the law of cure; and how often we ask ourselves why it is so! Perhaps Dr. Allen's experiments and the Milwaukee Test are furnishing us with the answer. At all events, it is just as essential to the final triumph of Homœopathy, that her *Materia Medica* be perfect as that her therapeutic principles be correct. If either be seriously faulty, her complete success is impossible. Our practice might just as well be based on bad principles as on a bad *Materia Medica*, and the building up of the latter should be as carefully guarded as the establishment of the former. It is rather

absurd to expect invariable cures with *Alumen*, while fifty of its recorded "symptoms" are false,—as false they are if Dr. Allen's observations are correct; nor with *Apis* with a hundred and twenty spurious symptoms; nor with *Silicea* with a hundred and fifty; nor with *Lachesis* with more than twelve hundred. And there comes up that other question, whether even the thirtieth will prove, under proper crucial tests, to be the lowest unreliable dilution for use in making provings, and whether we may not be obliged to reject, also, symptoms obtained from the twenty-fourths, the twentieths and even much lower.

Professor Allen asks earnestly for help in his researches. The homœopathic profession could scarcely find a better business, or one more likely to redound to the future success and triumph of Hahnemann's system of therapeutics.

USELESS DRUGS.—Dr. Alonzo M. Barnes of Philadelphia sends us a communication, suggesting that those drugs which are not actually employed in medical practice should be no longer allowed to encumber the pages of our *Materia Medica*, and render its study needlessly laborious and perplexing. He asks the question: "Are not such substances as *Cervus*, *Brasilicus*, *Doryphora*, *Cimex Lect.*, *Formica Rufa*, and scores of others, relics of Voodooism, and ought they not to be expunged from the list? Does not their retention indicate a degree of credulity, and superstition far behind the intelligence of the age?"

The HAHNEMANNIAN has already expressed itself against the introduction and against the retention of any substances in the *Materia Medica* of a character likely to interfere seriously with the promulgation of homœopathy. The substances above-named are certainly of this class. If we were writing a work on *Materia Medica* not one of them should be so much as named in it. But then others think differently.

RESIGNATION OF DR. E. M. KELLOGG.—As will be seen on another page, Dr. Kellogg has, after many years of successful service, withdrawn from the presidency of the Homœopathic Mutual Life Insurance Company of New York, a corporation which under his supervision, not only weathered safely the storm that wrecked several similar organizations a few years ago, but has been firmly established in the confidence of the medical profession and public all over this country. In addition to this, it has been doing most excellent public service by demonstrating the superiority of homœopathic over allo-

pathic medical treatment in various ways, and especially by its low mortality rates and its accumulation of comparative statistics of mortality in hospital and private practice. This latter work has been carried on almost entirely under the direct supervision of Dr. Kellogg, and the profession has derived immense benefit from the publication of his statistics. He still retains his medical oversight of the business, but will also devote himself again to private medical practice, in which field he is sure to speedily find abundant exercise for his energies.

Notes and Comments.

COMING AROUND.—Dr. Samuel Wilks, a learned and distinguished allopathic authority, has been recently discussing some of the delusive notions entertained by men of his school respecting the action of certain drugs, and especially when they are selected on what are vaguely called “physiological” principles. Speaking of *Digitalis*, he says: “The only true way to discover its value is to make clinical observations of its action in different diseases. The application of a physiological result to morbid processes, to my mind, in this and in many other cases, has been fraught with harm, and I cannot regard the method as truly scientific.”

AMERICAN MEDICAL COLLEGES did not increase in number during 1885, and, what is equally gratifying, the total number of students showed an actual decrease.

THE SOUTHERN HOMOEOPATHIC MEDICAL ASSOCIATION will hold its second annual session, March 9th and 10th, in New Orleans.

OUR THANKS are due to Dr. H. M. Paine, of Albany, for report of recent meeting of the New York State Allopathic Society.

New Publications.

CLIMATOLOGY AND MINERAL WATERS OF THE UNITED STATES. By A. N. Bell, M.D., editor of the *Sanitarian*, etc. New York: William Wood & Co. 1885. Octavo. Pp. 396.

The knowledge of climatology is still so meagre, and the practical conclusions of most physicians in reference to it are so imperfect and indefinite, that any work, which promises to widen the professional knowledge of the subject, ought to be welcome. Dr. Bell, in the present volume, does not undertake to lay down “rules” for the guidance of the physician who seeks to benefit his patient by means of climatic influences; but, instead, he presents the facts bearing upon the subject, so far, at least, as they can at present be employed, and leaves it to the discrimination of the physician to guide himself by the teaching of those facts.

The first dozen chapters treat of the general facts and principles relating

to the subject,—of the atmosphere, its qualities, and the modes in which it is affected by heat, moisture, electricity, altitude, winds, sea-coasts, lakes, forests, etc. Next comes a series of observations on the climatological topography and mineral springs of the several sections of the United States, with statistics of diseases, mortality-rates, etc. Then there is a chapter on the influence of seasons upon various diseases, and a final chapter of "Practical Conclusions." It is a most valuable book. D.

A MANUAL OF OPERATIVE SURGERY. By Lewis A. Stimson, B.A., M.D., Surgeon to the Presbyterian and Bellevue Hospitals, Professor of Clinical Surgery in the University of New York, etc. Second Edition. With three hundred and forty-two illustrations. Philadelphia: Lea Brothers & Co. 1885.

There can be no question that physicians who do *much* reading, generally prefer small and compact volumes—other things, especially typography, being equal—to the heavy, unwieldy volumes in vogue a few years ago. This book of Dr. Stimson's is one of the "handy" sort—a neat, terse, practical, compact duodecimo of about five hundred pages. The improvements introduced in this edition include especially those operations in which anti-septic precautions are, or may be, employed, and those modifications of surgical practice and methods that have been made necessary by the rapid growth of pathological and etiological knowledge. The text is restricted rigidly to precise and clear descriptions of methods and procedures, and every portion of the work is thoroughly illustrated by wood-cuts, exhibiting the anatomy and relations of the parts involved in the various operations, and, whenever practicable, showing the mode in which the various instruments and apparatus are to be employed. D.

ON RENAL AND URINARY AFFECTIONS. By W. Howship Dickinson, M.D., Cantab., F.R.C.P., Physician to and Lecturer on Medicine at St. George's Hospital, etc. New York: William Wood & Co. 1885. Octavo. Pp. 353.

This is one of the Wood's Library Series, and is the second and final volume of a complete work by this author; the *first* volume—on *Albuminuria*—having been issued by the same publishers in 1881. The present volume treats of *Miscellaneous Affections of the Kidneys and Urine*. The work includes chapters on renal abscess, pyelitis, thrombosis and embolism, tumors, tubercle, hydro- and pyo-nephrosis, cysts, calculi, parasites, chyluria, hæmaturia, etc. There are about sixty wood-cuts, and the opinions and suggestions of the author are enforced by numerous illustrative cases. D.

DIAGNOSIS OF DISEASES OF THE BRAIN AND SPINAL CORD. By W. R. Gowers, M.D. Wood's Library of Standard Medical Authors. 1885.

This is a reprint of two very valuable works, one of which, the *Diagnosis of Diseases of the Spinal Cord*, has already gained a world-wide reputation. The other one, *Diagnosis of Diseases of the Brain*, is a publication of more recent date, and is, perhaps, less widely known. They make a valuable addition to Wood's Library for the past year.

LECTURES ON THE DISEASES OF THE NOSE AND THROAT. Delivered during the Spring session of Jefferson Medical College, by Charles E. Sajous, M.D. Illustrated with one hundred chromo-lithographs, from oil paintings by the author, and ninety-three engravings on wood. Philadelphia: F. A. Davis, Attorney, Publisher, No. 1217 Filbert Street, 1885.

This book, of 439 pages, is divided into four chief divisions—(a), *Illumination*; (b), *The nasal cavities*; Anatomy, Physiology, Rhinoscopy, Instruments, Therapeutics, Diseases; (c), *Pharynx*; Anatomy, Physiology, Pharyngoscopy, Instruments, Therapeutics, Diseases; (d), *Larynx*; Anatomy, Physiology, Laryngoscopy, Instruments, Therapeutics, Diseases, Artificial openings into the Larynx and Trachea—and an Appendix. This latter is devoted to a consideration of the medical, local and internal treatment of the affections considered.

In the chapter on "Therapeutics of the Nasal Cavities," the author very correctly, we are glad to see, makes this statement with reference to local medication: "In my opinion, the solutions generally recommended are too strong, and since I have somewhat reduced them, for my own use, I have obtained better results." This, we think, would be the universal opinion, if thoroughly tested. He inadvertently places *Lycopodium* among the "neutral substances."

The chapter on "Hay Fever" or, as he prefers to call it, "Periodical Hyperæsthetic Rhinitis" is of special interest. The author has found that in forty cases of this affection, the patients have each had whooping-cough. This latter disease, he thinks, may have some remote bearing upon the production of this "Hyperæsthetic" condition. Besides the posterior extremities of the inferior turbinates—the sensitive area of Dr. J. N. Mackenzie—and the anterior portion of the inferior turbinates (junction of the "terminal fibres of the nasal branches of the sphenopalatine ganglion and of the nasal branch of the ophthalmic" nerves)—sensitive area of Hack—the author describes a third vulnerable area, which sometimes "exists in the anterior portion of the nasal cavity, near the angle forming the anterior boundary of the vestibule, and located upon the nasal wall as well as on the septum."

The author recommends, in the treatment of hay fever, that the sensitive area—in each individual case—be detected with a probe. The spot, thus abnormally sensitive, should be destroyed by means of a caustic or a galvanocautery electrode, heated preferably to a white heat, that pain may be chiefly avoided; a cherry-heat is rather painful. But a small part should be cauterized at each sitting. The olfactory tract is to be very carefully avoided.

Where there is reflex asthma, the author recommends that the posterior area be first cauterized, as that is the region which gives rise to this symptom.

The disadvantage to be feared in this free destruction of tissue, is a subsequent disarrangement of the normal physiological functions during the interval between the usual hay-fever attacks. Again, atrophic nasal catarrh may follow with its train of distressing symptoms. Among the prophylactics mentioned, are the wearing of cotton plugs in the nose and the use

of large smoked or blue spectacles; the latter are recommended not so much for the prevention of the contact with the conjunctiva of dust, pollen, etc., as for the protection which they afford the eyes from the sun's rays. The author says, "The patient should, as much as possible, avoid the sun, the reflex irritation of the nerve-centres, which it induces through the eyes, increasing not only the local symptoms, but also those of the respiratory tract."

Under folliculous pharyngitis we read: "The treatment of this form of Pharyngitis is essentially surgical." To this we cannot subscribe, since we think it is *very* rarely, if ever, necessary to employ other than proper medical treatment.

When referring to the methods employed in making a laryngoscopic examination, he makes the statement that "The tongue must not only be protruded, but it must be held so, either by the patient or the physician;" this the author claims, is "indispensable;" we find, on the contrary, that a better examination can usually, not always, be made—particularly in adults—without even having the tongue protruded. When examining vocalists, in whom we wish to ascertain the exact action of the larynx, pharynx, and adjacent parts, we should in no case hamper the usual mechanical action of these organs, by forcibly placing in a constrained and unnatural position an organ—the tongue—upon which so much of the proper tone-producing ability depends.

Many of the subjects usually treated of in text-books devoted to these topics have necessarily been omitted in this work, and much else that is of importance to the specialist has been omitted; but to the general practitioner, for whom the work was chiefly written, we cannot do better than recommend it as a practical, well-written guide; and one which he will do well to have in his possession for frequent reference.

The chromo-lithographic plates, for which the author deserves much credit, are an invaluable addition to the pictorial literature of these special subjects. It is true, however, that many of them are over-colored, while the perspective in some does not give the exact idea of the parts as presented to our view.

The occasional inadvertencies which appear in the text, being almost unavoidable in a first edition, will be corrected, no doubt, in the second; which, judging from its present deservedly rapid sale, will soon be called for.

H. F. I.

DOGS, IN HEALTH AND DISEASE, AS TYPIFIED BY THE GREYHOUND. By John Sutcliffe Hurndall, Member of the Royal College of Veterinary Surgeons, London. E. Gould & Son, 59 Moorgate Street. 1886. Pp. 81.

While believing that the eradication of the canine and feline race would probably annihilate that dread disease hydrophobia, still, when an author goes to the trouble of preparing a work on the homœopathic treatment of dogs, we must give him credit for the novelty of this departure from ordinary medical literature. His object is, however, a commendable one; that is, to enable lay or professional owners of dogs to relieve the sufferings of

their animals when sick, and to explain how to maintain for them a standard of good health. Inasmuch as many people are interested in valuable dogs, we commend this little work to their consideration. B. W. J.

TEXT-BOOK OF OPHTHALMOSCOPY. By Edward G. Loring, M.D. Part I. The Normal Eye, Determination of Refraction, Diseases of the Media, Physiological Optics, and Theory of the Ophthalmoscope. New York. D. Appleton & Company, 1, 3, and 5 Bond Street. 1886. Pp. 265.

A text-book from Dr. E. G. Loring on the subject of ophthalmoscopy, on account of his well-known familiarity with, and thoroughness in, the branch herein represented, gives of itself a sufficient recommendation of its value. Part 1st of this work goes over, first, the Ophthalmoscope; second, Methods of Examination; third, the Anatomy of the Fundus of the Normal Eye; fourth, Ophthalmoscopic Appearances of the Fundus, and Anomalies; fifth, Refraction; sixth, Examination of the Media of the Eye; with an appendix of 64 pages on the general principles of the ophthalmoscope and its adjuncts, physiological optics, and the metric system. It is quite abundantly supplied with wood-cuts, illustrating the methods of examination, instruments, normal conditions, and pathological changes. In the appendix, the subject of optics receives due consideration, with proper illustrations of the subject. Three colored plates at the end of the work illustrate the normal fundus, and several conditions found occasionally in ophthalmoscopic examinations, taken principally from Liebreich's Atlas and Jaeger's Hand Atlas. Among the subjects illustrated we find normal pigmentation, albinotic coloration, abnormal excess of pigment, opaque nerve fibres, coloboma of the choroid macula lutea and iris, and one cut illustrating the picture of a highly astigmatic eye, with myopia in vertical meridian and emmetropia in the horizontal. The make-up of the book is in Appleton's usual neat and pleasing style. B. W. J.

PRACTICAL SUGGESTIONS RESPECTING THE VARIETIES OF ELECTRIC CURRENTS, AND THE USES OF ELECTRICITY IN MEDICINE. With Hints relating to the Selection and Care of Electrical Apparatus. By Ambrose L. Ranney, M.D., Professor of the Anatomy and Physiology of the Nervous System in the New York Post-Graduate Medical School and Hospital; Professor of Nervous and Mental Diseases in the Medical Department of the University of Vermont; Fellow of the New York Academy of Medicine; Member of the Neurological Society of New York; of the New York County Medical Society, etc. New York: D. Appleton & Company, 1, 3, and 5 Bond Street. 1885. Pp. 147.

This little work is a series of lectures on medical electricity, with a number of cuts illustrating the various instruments in use, with some valuable plates at the end in the form of diagrams showing the motor points of the different regions of the body. The portions supplied by the different nerves are likewise shown in these drawings, all numbered and noted; and these are most excellent for ready reference. In part 1st, he treats of Electro-Physics; in part 2d, he considers Electro-Diagnosis; while the remaining portion is devoted to Electro-Therapeutics. It is a good summary of the

more practical points that are treated upon in the larger works, such as Beard and Rockwell's *Medical and Surgical Electricity*.

The hints contained in it embrace the later ideas upon the best electrical apparatus, and the mode of its application in different diseased conditions.

B. W. J.

THE PRESCRIBER: A DICTIONARY OF THE NEW THERAPEUTICS. By John H. Clarke, M D., Edin., Ext. Mem. Roy. Med. Soc. Edin., Physician to the London Homœopathic Hospital, and Lecturer on Materia Medica to the L. H. H. Medical School; Author of "Ars Medici," "Iodide of Arsenic in Organic Disease of the Heart;" Editor of the "Homœopathic World;" formerly co-Editor of "The British Journal of Homœopathy," etc. London: Keene & Ashwell, 74 New Bond Street; Simpkin, Marshall & Co., Stationers' Hall Court. New York: Boericke & Tafel, 145 Grand Street. 1885. (All rights reserved.) Pp. 187.

This little hand-book for the aid of the student, the young practitioner, and busy physician, is intended simply for the prescriber's desk. Its plan is somewhat analogous to the repertory method so common in America, and our friend Dr. Clarke has done a good service for travellers, seafarers, and homœopathists everywhere that live a long distance from their physicians. We have a number of similar works in this country, and in looking over this one we find it quite equal to any of ours, and rather more full in some particulars than those on this side of the Atlantic. He gives the strength and repetition of dose throughout his work, thus enabling the non-professional prescriber to feel confidence in his own dose-giving. Physicians referring to it will no doubt use their own judgment in regard to the potency and frequency. It will, nevertheless, save some taxing of time with those who are hurried and have not the opportunity of comparing the remedies in the materia medica.

B. W. J.

AMERICAN MEDICINAL PLANTS—MILLSFAUGH. Boericke & Tafel, Philadelphia.

The third fascicle, containing Nos. 11 to 15, of this valuable work is before us. It, in common with the former two, presents a highly creditable array of artistic plates, comprising many of our medicinal plants. Both author and publisher may well be proud of their work.

We here find many of our well-known polychrests, the *Rhus tox*, *Conium*, *Drosera*, *Baptisia*, *Esculus*, *Cimicifuga*, etc., all of which, though well known according to their therapeutic effects, are but too often strangers when met by the physician on the roadside, in the field or forest. The profession should give this work a cordial greeting and most liberal support. The forthcoming of this fascicle gives another guarantee to the subscribers as to the quality of the work to be furnished. The artistic worth is certainly sufficient to enlist the hearty coöperation of the entire profession. The plates, as a rule, are remarkably true to nature, the artist having evidently faithfully performed his task of drawing from plants *in situ*. Yet the work is susceptible of improvement, and that, too, without appreciable increase of cost. The plates require a still more critical proof correction. We are

fully aware of the difficulty in this matter, especially when a sea intervenes between lithographer and editor; nevertheless, better results in a few instances should have been attained. For instance, the coloration of the *Æsculus*, together with the black-line shading, falls far short of justice to the natural flowers. So, too, the dark shading of the involucre of the *Cornus florida*, and of the corolla of the *Stramonium*, might, without expense have been much improved in tone. Again, the flowers of the *Eupatorium perfoliatum* present too much of the black and green to make the semblance lifelike even to a fair degree. The *Kalmia* also has been sadly shorn of the beauty with which nature endowed her—in fact, were it not for the outline shape, we scarcely should recognize this really beautiful flower. Save for a few such defects in coloration we should have given unqualified approval to this fascicle.

The publishers have, at considerable expense, corrected one such defect which, for want of such proof correction, crept into their first fascicle, *i.e.*, the *Apocyn. andros.*, which, in the first plate, presented a green instead of a pinkish flower. If they will only open their hearts, and appeal to their artistic pride strongly enough to give us another plate for the *Nymphæa odorata*, which certainly is a blemish in such a work, we all shall be truly thankful.

The views expressed by the author relative to the botanical identity of the *Rhus tox.* and *Rhus rad.*, though in all probability correct, afford but further evidence of the necessity for the exercise of care in the selection of our drug plants. Not only should the plant be the proper one, but the stage and condition of growth at the time of gathering must be considered. Therapeutically speaking, these drugs are not identical, even though they have many symptoms in common; one very marked difference is their action upon the head symptoms, the *Rhus rad.* acting by preference upon the occiput, while the *Rhus tox.* acts more prominently upon the front portion of the head.

We must again remark that this fascicle has so much worthy of praise, both in plates and in the text, that we trust the profession will show its appreciation by a large increase of the subscription list.

Paper and press-work correspond to that of the former fascicles, and reflect much credit upon both publisher and printer.

A. K.

Gleanings.

THE MITRAL CARDIAC MURMURS.—In a review of the subject of mitral murmurs, Dr. Austin Flint, Sr., recognizes the mitral regurgitant, the mitral direct or mitral presystolic, the mitral systolic non-regurgitant or intraventricular, and the mitral diastolic. Each of these has its distinct characters. They may exist singly or be combined in the one case. The author first considers the mitral regurgitant and the mitral non-regurgitant or intraventricular murmur. A systolic murmur having its maximum of intensity

at or near the apex of the heart, transmitted in a horizontal direction to the left of this point, and heard near the lower angle of the scapula, associated with more or less enlargement of the heart, together with weakening of the aortic and accentuation of the pulmonic sound, is an unmistakable sign of mitral incompetence. A very little regurgitation may give rise to a very loud murmur and *vice versa*. Mitral incompetence may be tolerated for an indefinite period. The mitral non-regurgitant murmur is a systolic murmur having its greatest intensity at the apex, but is not transmitted to the left nor heard on the posterior aspect of the chest. The heart is not enlarged in this case. This form of murmur occurs in a primary attack of rheumatic endocarditis, chorea anæmia, and sometimes when it has no apparent pathological connections. It may last for a long while and then disappear entirely. The author then passes in review the various explanations of the existence of this intra-ventricular murmur. He then says that this murmur may be combined with the mitral regurgitant, in which case the auscultator hears a systolic murmur consisting of two parts differing in quality or pitch, one part rough and the other soft, or one part low and the other high-pitched. The explanation here is that there are two murmurs, one produced within the ventricle, and the other at the mitral orifice. The mitral presystolic murmur begins after the end of the second, and ends with the first sound. It usually has a peculiar quality. Flint believes that this peculiar quality is due to the fact that this murmur is produced by vibration of the mitral curtains, caused by the mitral direct current of blood forced by the auricular contraction through a narrow aperture. When this murmur exists with its characteristic quality, the mitral stenosis is produced by the adhesion of the mitral curtains to each other, thus forming a funnel-shaped orifice, the curtains not having been made rigid by thickening or calcification. This murmur may disappear in advanced cases of heart disease. It requires for its production a certain degree of force in the auricular contractions; so when the heart weakens, the murmur disappears. Measures which strengthen the heart cause a return of the murmur. This form of mitral stenosis is well tolerated. Flint has had cases of this lesion under observation for ten or fifteen years. It occurs not infrequently in cases where its origin cannot be traced to rheumatic fever. In three cases the author has met with this murmur in which the autopsy showed a healthy mitral orifice and regurgitation at the aortic orifice. The mitral diastolic murmur is soft and bellows-like. It follows the second sound and ends before the contraction of the auricle. It is heard above the apex and below a horizontal line passing through the nipple. It is probably with very rare exceptions followed by a presystolic murmur. It is distinguished from the latter by the difference in quality and in the time of its occurrence. A mitral diastolic murmur must be produced by the current of blood from the auricle into the ventricle prior to the auricular contraction.—*American Journal of the Medical Sciences*, January, 1886.

LATHYRUS IN SPINAL PARALYSIS.—At the meeting of the British Homœopathic Society, Dr. John H. Clarke read a paper bearing the above title. He quotes from the pathogenesis of the remedy as given by Allen to show its homœopathicity to certain spinal affections. Five cases treated with Lathyrus are reported. The first is one of spastic spinal paralysis which appeared to follow a more favorable course than do the majority of such cases. The second was one of multiple sclerosis, which was much benefited. The third and fourth cases were children. The exact nature of their paraplegia, the author was unable to give. It is certain, however, that the lateral columns of the cord were affected. One of these cases was cured. The other was unaffected by any treatment. The fifth and last was described by the author as a case of "rheumatic (?) paralysis." The administration of Lathyrus sat. 3 cured this case.—*Monthly Homœop. Rev.*, December, 1885.

INVOLUNTARY PROVING OF TOBACCO.—Dr. A. C. Norton reports the case of a young man who, though not habituated to tobacco, smoked twelve segars. Symptoms very similar to those of delirium tremens appeared in consequence. He became wild, tossed about on the bed, with hallucinations. He made frequent attempts to get out of bed; and snapped his teeth at the attendants at every opportunity. There was no convulsion when water was handed him, in fact he drank eagerly. At times he had visions of a pleasant character. He made attempts to choke himself. Under the action of Bell. 3rd, he quieted down and took on a cataleptic state. The limbs could be placed in any position, and would remain there, no matter how uncomfortable that position might be. The eyes were fixed and staring and insensible to touch. His urine, which was withdrawn by the catheter, was high-colored and had a strong odor. At no time did the heart give evidence of being disturbed. The whole trouble was under complete control inside of forty-eight hours. Belladonna was the only remedy used.—*American Homœopathist*, January, 1886.

REMOVAL OF SMALL VESICAL CALCULI FROM MALE CHILDREN.—The usual operation for the removal of calculi from the bladder in male children is lateral lithotomy. While very successful in its results, Mr. Annandale believes this operation to be unnecessarily severe when the calculus to be removed is a small one. In the case of a boy aged 4½ years, he proceeded as follows: Under the influence of Chloroform rapid dilatation of the urethra was effected by the passage of Nos. 6, 7, 8, and 9 silver catheters in quick succession. The bladder was next washed out with an antiseptic solution. Then a small lithotrite, having a diameter equal to about a No. 8 bougie, was introduced into the bladder. The stone was then caught between the jaws of the lithotrite, the handle of which was now depressed so that the vesical end of the instrument, along with the stone, could be felt through the abdominal wall. The lithotrite being held in this position, a small incision, an inch in length, was made in the middle line of the abdominal wall over the pubes and a short distance above it. The various tissues were divided until the wall of the bladder was exposed at the point against which the blades of the lithotrite and the inclosed stone were pressing. A little further depression of the handle of the lithotrite, caused the extremity of its blades, covered by the stretched wall of the bladder to protrude through the wound in the abdominal wall; and a small incision having been made through the wall of the bladder, by cutting upon the extremity of the lithotrite, the blades, together with the stone, were pushed through the wound. The stone was then extracted, and the open extremity of a No. 7 india-rubber catheter was seized and drawn into the bladder and along the urethra as the lithotrite was removed, thus leaving a drain for the urine to escape from the bladder. The wound in the abdominal wall was closed by means of two horse-hair stitches and a drainage-tube introduced into it so as to aid the escape of any urine which might flow from the bladder-wound. Forty-eight hours after operation both drainage-tube and catheter were removed, the patient not having had the slightest bad symptom. In ten days time the child was running about.—*British Medical Journal*, January 2d, 1886.

THERAPEUTIC VALUE OF THE JUICE OF THE SUGAR CANE.—Dr. Ignacio Vildosola of Havana claims that the juice of the sugar cane either cold or boiled is an invaluable remedy in phthisis, chronic dysentery and various forms of dyspepsia. He calls the attention of medical men to the fact that the negroes who work on Cuban plantations, exhibit a degree of endurance and health unknown among other classes of laborers. He ascribes this to the fact that they eat the cane and drink the cold and hot juice every day. He gives the following composition of the juice, comparing it with that of

woman's milk. He asserts that it acts as a saccharine food in the same manner that cod-liver oil acts as a fatty food.

	Woman's milk.	Juice of Cane.
Albuminous substances,	1.5	0.24
Sugar and gum,	11.0	18.47
Mineral substances,	0.4	0.29
Water,	87.1	81.00
	<hr/> 100.0	<hr/> 100.00

He thinks that as soon as the juice of sugar cane reaches the stomach, it undergoes important changes, giving finally the following results: 1. Those effects produced by all saccharine articles and aromatic condiments (the latter on account of the essential oil it contains) on the economy. 2. The conversion of a certain amount of its sugar into lactic acid, in which form, it makes the gastric juice more active, facilitating digestion and improving the appetite. This lactic acid has the further property of dissolving a certain amount of the lime salts contained in other articles of food, thus enabling the organism to assimilate them more easily. 3. The sugar and other alimentary principles of the cane juice are absorbed, and in this way help to build up the body. The following then are the author's condensed conclusions: 1. The cane juice is analogous in composition to woman's milk. 2. It stimulates the action of the gastric juice. 3. It contains phosphate of lime in an assimilable form and facilitates the absorption of a large amount of the salts of lime contained in other articles of food.

He also extols the sub-acid drink, *Guarapo* (made in sugar mills from the cane) not only in the treatment of tuberculosis, chronic dysentery and gastric troubles, but in all catarrhal affections of the respiratory tract, in fact in all maladies dependent upon a depraved condition of the functions of the digestion and nutrition. When the patient has good teeth, he allows him to chew the cane in preference. The cane liquor or *guarapo* should be taken at least three times daily, early in the morning before any other food, one or two hours before dinner and again before supper. The patient should begin with small quantities, progressively increasing the dose until a litre of the juice is taken daily.—*Crónica Médico-Quirúrgica*, April, 1885.

E. F.

PERIODIC PARALYSIS OF THE LIMBS, WITH LOSS OF ELECTRIC EXCITABILITY—Westphal records the case of a boy, æt. 12 years, who was subject to occasional attacks of loss of power in the limbs, coming on always at night, lasting for a few hours, and disappearing with a period of quiet sleep before the morning. His general health was good. During the paralytic attacks the nerve trunks and the individual muscles in the affected limbs had completely lost their electric excitability. There was no sign of muscular rigidity during the attacks. The plantar reflex was absent, but the cremaster and abdominal reflexes and the knee-jerk were normal. The patient remained entirely sensible throughout the seizures. The onset of the attacks was attributed to exposure to a draught. At first, they recurred at intervals of from four to six weeks, but became more frequent. Westphal says of this case, "We know of no disease, either of the spinal cord or of the spinal nerves, in which anything similar to it has ever before been observed; and, as regards any explanation of it, physiology leaves us in the dark."—*Med. and Surg. Reporter*, October 17th, 1885.

HYDRONAPHTHOL; THE NEW ANTISEPTIC.—Dr. George R. Fowler recommends Hydronaphthol as a reliable antiseptic. He claims that it is non-irritant, non-poisonous, and non-corrosive; and, although only soluble in water to the extent of one part per thousand, in this proportion, is antiseptic. It is odorless, and it is not decomposed or rendered inert by the pro-

ducts of putrefactive decomposition. It is far more stable than Carbolic acid, and is not volatile at ordinary temperatures. It will not injure textile fabrics. It will not injure the polished surfaces and edges of cutting instruments as will Mercuric chloride, and is second only to that drug in antiseptic qualities. It dissolves freely in alcohol, ether, chloroform, glycerin, benzole, and the fixed oils. Its saturated solution in water is the preparation for use as an antiseptic solution. In powder, it may be triturated with China clay in the proportion of two parts to the hundred, and dusted along the line of incision. Absorbent cotton, gauze, etc., may be impregnated with it, by soaking in the alcoholic solution, and permitted to dry. Its 10-per-cent. alcoholic solution perfectly sterilizes silk, and sufficiently hardens and preserves, as well as sterilizes, catgut.—*N. Y. Med. Journ.*, October 3d, 1885.

HYPNOTISM DURING PARTURITION.—In the *Wiener Medizinische Wochenschrift*, Dr. E. Pritzel, assistant to Professor Karl Braun, reports a case of childbirth during hypnotism—probably the first of the kind on record. The patient, single, 26 years of age, was admitted to the obstetrical wards of Professor Braun in the eighth month of pregnancy. She had always menstruated regularly, from her fourteenth year up to January of last year; since then, her health had been good and she had been entirely free from the nervous manifestations so common during pregnancy. Upon examination, it was found that she was readily thrown into a hypnotic state by holding a thermometer-bulb before her eyes for a few moments; she became unconscious and insensible to all irritations, while her color, pulse, and pupillary reaction remained unaffected. At the end of a quarter of an hour, or half an hour, the patient was aroused by long and continued irritation, shaking the body, blowing upon the cornea, slapping the breast with cold wet cloths, etc. After revival, she declared that she felt well after each experiment, but it was noticed that it was usually followed by a deep but natural sleep. Labor set in October 30th, and during the first stage she was restless and unmanageable. Cramps in the limbs, and intensity of the pains during the second stage, suggested a narcotic or the induction of artificial hypnotism. The latter expedient was adopted, and with entire success. She became unconscious and insensible. It was found that, instead of decreasing in force, the uterine contractions became more energetic, and were aided by the abdominal muscles. While the patient was entirely insensible, it was still noticed that she bent the left forearm, as if cramp were present, and there was considerable stiffness in the left leg; the right side of the body was unaffected. Between the pains she lay motionless, as if asleep. A well-developed female child was born, which cried lustily; the placenta was expelled, under the influence of abdominal pressure, in three quarters of an hour. The patient was awakened by holding ammonia to her nose and shaking her, after unconsciousness lasting an hour and a quarter. The confinement was, in every other respect, strictly physiological. In two other cases, from the same clinic, the method was also successful, although to a less-marked degree.—*Philadelphia Medical Times*, January 9th, 1886.

AMBLYOPIA FROM IODOFORM AND KREASOTE.—Dr. E. Hutchinson, of Utica, was consulted by a gentleman for failing vision, which had first appeared two months before and was rapidly increasing. Finally, he was unable to read or even recognize his friends. The eyes looked well, he had no pain, the field of vision was normal, and he had good color; perception, $V = \frac{100}{100}$ in each eye. With the ophthalmoscope, there were no abnormal changes to be observed in the fundus except that the optic disks looked grayish-white. For some time past he had been taking Iodoform and Kreasote, in quite large doses, for a chronic cough. These drugs were discontinued and Strychnia administered. Sight rapidly returned. The cough returning he resumed the use of Kreasote, but without any deleterious effects. *N. Y. Medical Journal*, Jan. 2d, 1886.

RENAL LESIONS IN HEREDITARY SYPHILIS.—Dr. E. Marchiafava thus describes the lesions found by him in the kidney in two cases of hereditary syphilis (*Rev Clinica*). The organs were of normal size, but the cortical substance was of a grayish color, and dotted with minute whitish nodules, corresponding to the glomeruli. Under the microscope, the lesions were seen to proceed from a diffuse arteritis of the glomerular and afferent vessels. The arteries were contracted, and finally obliterated, and became converted into a hyaline mass. The vascular loops of the glomeruli were thus destroyed, as was also, at a later period, the epithelium of the convoluted tubules, which derives its nourishment from the afferent vessels.—*Medical Record*, January 16th, 1886.

TREATMENT OF CASES OF IMPERFECT AND PAINFUL SWALLOWING.—The method of feeding by means of a tube passed through the nose into the stomach is well known, but has not heretofore been recommended in the class of cases to which Bullar now directs attention. After the operation of tracheotomy, there is often great difficulty in getting the patient to take sufficient nourishment. The pain caused by the movements of swallowing makes children refuse food which they are quite able to digest, and thus they are apt to be half starved. A more serious, and also a common occurrence, is that fluids pass into the larynx, and so into the lungs, where they set up bronchitis and pneumonia. These difficulties may be avoided by means of feeding through the nose with an india-rubber catheter and syringe. Food should be injected in such quantities as to render the repetition of the performance unnecessary for some hours. We thus know exactly how much food the child takes in a given time. This method of feeding is also applicable in cases of diphtheritic paralysis and diphtheria. The introduction of the catheter through the nose causes but little apparent discomfort. The author closes by narrating cases of tracheotomy for diphtheritic croup, and a case of post-diphtheritic paralysis, in which the above method was successfully employed.—*N. Y. Medical Abstract*, November, 1885.

FUCHSINE IN ALBUMINURIA.—Dr. A. T. Barnard reports the case of a man, æt. 49 years, with extreme anasarca and pain in the lumbar region. The urine had a specific gravity of 1015, and became almost solid with albumen on boiling. Under the microscope granular casts were found. The quantity of urine passed the day after admission to the hospital was three or four ounces. Digitalis and Perchloride of Iron brought but little relief. Then Fuchsine in one, and later in two-grain doses, three times daily, was prescribed. At the end of three months the patient was discharged cured.—*Medical and Surgical Reporter*, Jan. 16th, 1886.

[Fuchsine, in cases of poisoning, has produced albuminuria.—ED.]

EFFECTS OF PROLONGED LACTATION UPON THE OVARIES AND UTERUS.—Japp. Sinclair (*Revue Médicale*) presents the following conclusions based upon the study of a large number of cases of prolonged lactation: 1. Lactation tends to prevent conception by retarding the return of the ovaries to a condition in which ovulation is perfect. 2. After weaning, the evolution of the ovaries is much more rapid than during lactation. 3. The abrupt cessation of a prolonged lactation may be followed by an evolution of the ovaries and uterus, so rapid as to induce symptoms of ovarian and uterine hyperæmia. 4. Prolonged lactation may produce a superinvolution of ovaries and uterus, and under favoring circumstances a prolapse of the latter organ.—*Medical News*, Jan. 9th, 1886.

NERVE SUTURE WITH IMMEDIATE RESTORATION OF FUNCTION.—One of the most remarkable results of the suture of a nerve ever reported is given by Surmay in the *Archives Gén. de Médecine*. The case was that of a man who had received a cut above the wrist, resulting in abolition of

the function of the median nerve. For some time, no attempt had been made to correct the defect. Then electricity was tried without result. Six months after the accident Surmay resected about three-quarters of an inch of the nerve, and joined the cut ends with a fine carbolized catgut thread, which had been ingeniously inserted before the intermediate portion was cut. The function of the nerve was re-established within twenty-four hours. This remarkable case furnishes a strong support to operative interference in other cases than those in which loss of function results from traumatic division of a nerve; for, in this one, the nerve was not found divided, but the part under the wound was occupied by an enlargement which was formed by pure hypertrophy of the neurilemma.—*Journal of the American Medical Association*, Jan. 2d, 1886.

PARALYSIS FOLLOWING TONSILLITIS.—M. Prevost reports in the *Archives Medicales Belges* for November, 1885, the case of a young army officer whom he was called upon to treat for sore throat. He was found to have a severe inflammation of the tonsils, accompanied with considerable swelling of the soft palate and neighboring parts, but without any false membrane. Under active treatment the affection subsided in about ten days, but a week or two later, paralysis of the right upper extremity appeared. There was no fever, no digestive disturbance; the patient slept well, and felt well, and there were no symptoms of cardiac or respiratory trouble. The pupils were regular, and responsive to light; no headache was complained of, nor were there any other symptoms of spinal or cerebral disease. After a short period, the power returned in the affected arm without the employment of electricity. Dr. Prevost believes that the paralysis was a result of the tonsillitis, and places his case in the category of paresis following simple angina, several instances of which have been collected by Gübber.—*Medical Record*, January 23, 1886.

VOMITING OF PREGNANCY.—*Plumbum* 12th every two hours during the day, and *Opium* 6th every two hours during the night, is Jousset's treatment of vomiting of pregnancy.—*California Homœopath*, January, 1886.

OREODAPHNE.—According to a proving recently published in the *California Homœopath*, this remedy should be of use in cases of occipital headache.

News, Etc.

NINGPO HOMŒOPATHIC DISPENSARY.—During 1884, 7945 cases were treated at this dispensary, which is under the care of Dr. S. P. Barchet. The financial condition of the institution is most excellent, there being a balance of \$784.24 on hand at the end of the year. Considerable interest in the welfare of the dispensary has been shown by His Excellency the Tao-tai of Ningpo, who contributed through the U. S. Consul, E. Stevens, Esq., \$200 for its support.

TENTH ANNUAL COMMENCEMENT OF THE CHICAGO HOMŒOPATHIC COLLEGE was held at the Chicago Opera House, Tuesday afternoon, February 23d. The valedictory, on behalf of the faculty was delivered by Professor L. C. Grosvenor, that on behalf of the class by Dr. William C. Bridge.

THE TWENTY-SIXTH ANNUAL COMMENCEMENT OF HAHNEMANN MEDICAL COLLEGE OF CHICAGO was held February 25th, 1886.

AMERICAN OBSTETRICAL SOCIETY.—The third meeting of this Society was held at the New York Ophthalmic Hospital on Thursday evening, February 25th.

THE "NEW YORKER MEDIZINISCHE PRESSE," the organ of the German-American physicians, made its first appearance December, 1885. Its first issue is of 48 pages. The articles are well written and practical, as is evidenced by the names of such men of prominence as Drs. D. B. St. John Roosa, C. Heitzmann, Leonard Weber, Paul F. Munde, Ludwig Weiss, and S. Kohn, who have written articles for this number. The "Gleanings" and "Reports" are important features of the journal. It is under the editorship of Dr. George W. Rachel.

Judging from its present form it will be an important addition to American medical literature, as it couples the German thoroughness of research with the practical ideas of the American physician.

We wish it thorough success.

ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE OF PHILA.—The Annual Meeting and Banquet of the Alumni Association of the Hahnemann Medical College of Philadelphia, will be held at St. George's Hotel, Broad and Walnut Sts., Philadelphia, on March 31st, 1886, at 8 P. M. The members of the Alumni are cordially invited to attend.

WM. TOD HELMUTH, M.D., '53.

President.

WM. W. VAN BAUN, M.D., '80.

Secretary.

227 Catharine St., Phila.

THE THIRTY-FIFTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK STATE was held in the Common Council Chamber, Albany, February 9th and 10th, 1886. President M. O. Terry, of Utica, called the meeting to order. Quite a large representation of delegates was present.

The high potency subject was again brought forward and provoked considerable discussion, Dr. H. M. Paine claiming that adherence to it was not homœopathy, but a mere notion, and he favored a motion antagonizing it.

Dr. Brown took the opposite view in so far that investigation and experiment should not be hampered or restricted. He thought the next fight would be between medicine and no medicine, and that the true aim of the Society should be to favor all attempts at finding out where the potency of medicine ceases.

Dr. Geo. E. Gorham corroborated this view, and declared that as yet it was impossible to draw the line of demarcation between the recuperative forces of nature and the curative power of drugs. In the use of higher potencies, the difficulty of the matter is greatly increased, without doubt, but all possible investigation on that point is desirable.

Drs. Spencer, Lewis, Bull and Bakeman discussed the subject pro and con. Dr. Allen thought that all methods should be left open to a possible following, and that no scientific body could afford to limit investigation on any subject. The matter was tabled indefinitely.

The following officers were elected for the ensuing year. President, Dr. Henry C. Houghton, of New York; First Vice-President, Dr. F. Park Lewis, of Buffalo; Second Vice-President, Dr. Titus L. Brown, of Binghamton; Third Vice-President, Dr. E. W. Bryan, of Corning; Secretary, Dr. H. M. Dayfoot, of Rochester; Treasurer, Dr. E. S. Coburn, of Troy.

CENSORS.—Northern district, Drs. A. W. Holden, S. J. Pearsall, and W. T. Laird; Southern district, Drs. F. E. Doughty, E. S. Hasbrouck, A. B. Norton; Middle district, Drs. M. O. Terry, George E. Gorham, F. L. Vincent; Western district, Drs. A. S. Couch, N. Osborn and E. H. Wolcott.

Chairmen of Bureaus were designated as follows: *Materia Medica*, Dr. T. F. Allen; *Clinical Medicine*, Dr. H. L. Waldo; *Obstetrics*, Dr. E. S. Hasbrouck; *Gynaecology*, Dr. A. R. Wright; *Mental and Nervous Diseases*, Dr. S. Lilienthal; *Ophthalmology*, Dr. C. F. Sterling; *Otology*, Wm. P. Fowler; *Laryngology*, Dr. George M. Dillow; *Histology*, Dr. Chas. McDowell; *Climatology*, Dr. H. M. Paine; *Pædology*, Dr. Gertrude G. Bishop; *Surgery*, Dr. Thomas D. Spencer; *Vital Statistics*, Dr. Elias L. Brown; *Necrologist*, Dr. A. W. Holden.

PERSONAL ITEMS.—George E. Ricker, M.D. (Hahnemann, Philadelphia, '78) has settled in St. Augustine, Florida.

B. H. Ogden, M.D. (Hahnemann, Philadelphia, '85) succeeds Dr. Ricker at Northfield, Minnesota.

Dr. F. Chauvet, of Tours, France, in a private note, says: "Please communicate to the family and the professional friends of our esteemed co-laborer, Dr. Farrington, the expression of my sincere sympathy and feeling of deepest regret in view of his decease."

Dr. H. K. Stewart, of Philadelphia, has recently lost the last remaining one of his three children,—an interesting little daughter. We tender our condolence.

Dr. Geo. J. W. Kirk, formerly of Bristol and later of Philadelphia, has removed to San Antonio, Texas, where he will be associated professionally with Dr. Joseph Jones.

HONORING THE MEMORY OF DR. FARRINGTON.—At a meeting of the Germantown Homeopathic Society, held February 22d, 1886, the following memorial was put on record:

WHEREAS, It has pleased the Almighty Father to remove by death our esteemed associate, Professor Ernest A. Farrington, M.D.,

Resolved, This Society bears testimony to his skill as a physician, an accomplished gentleman, a valiant defender of his chosen profession; crowned alike with the laurels of medical renown and the tribute of his fellow-men to his worth as a citizen and a Christian, he has gone to meet his reward.

Resolved, That we sympathize sincerely with his bereaved family in their irreparable loss.

Resolved, That a copy of these resolutions be sent to his family, to the *HAHNEMANNIAN MONTHLY*, and to the Medical Institute.

Committee: C. Van Artsdalen, M.D.; John Malin, M.D.; Mahlon M. Walker, M.D.

A NEW WORK ON MATERIA MEDICA is in course of preparation by Professor T. F. Allen, M.D., of New York, to be published by F. E. Boericke. The design is to make, in one large volume, a thoroughly practical handbook. It is expected to be in small quarto, and will probably contain about 1200 pages. It is, of course, intended largely for the constant reference necessary at the prescriber's desk. There can be little doubt that a warm welcome awaits it, but it will require nearly a year for its completion.

DECEASED.—John R. Reading, M.D., of Somerton, Pa., died February 14th, 1886, at the age of fifty-nine years. A more extended notice of the deceased will appear in our next issue.

Henry E. Stone, M.D., of Fairhaven, Conn., died January 27th, 1886, aged sixty-six years. He had for nearly thirty years been identified with the American Institute of Homeopathy, and was warmly esteemed by his professional brethren.

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REMARKS ON NUX VOMICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA.

(From an Extemporaneous Lecture, Phonographically Reported.)

YOU will recall that I have already mentioned that Ignatia and Nux vomica both, contain as active principles two alkaloids known as Strychnia and Brucia; the Brucia being in much smaller quantities than the other and present more in the bark of the tree than in the nut itself. Its properties are somewhat similar to those of Strychnia. Both alkaloids are combined with an acid known as Igosuric acid, which is identical with the Malic acid found in apples and pears. Strychnia, the principal alkaloid of Ignatia and Nux vomica, has a well-described symptomatology, being a poison not uncommonly used for suicidal and homicidal purposes, and also for the extermination of the lower animals, cats, rats, etc. Strychnia causes restlessness, trembling of the limbs, stiffness of the neck and jaws. The throat is constricted similar to what we find under Belladonna. Sometimes there are tetanic convulsions with opisthotonos. These tetanic convulsions differ from those of true tetanus only in the fact that the muscles relax between the paroxysms. The temperature of the body is not so high as in true tetanus; and trismus comes late in Strychnia poisoning. These Strychnia convulsions are re-excited by any impressions made on the senses, particularly by the slightest touch, while rubbing relieves the patient. In very large doses or in oft-repeated doses, Strychnia causes paralysis of afferent nerves. Finally, collapse ensues as the result of exhaustion of the motor centres. I give you these symptoms of Strychnia for two purposes. One is that you may be familiar with them in

order to recognize them in case one of your patients is unfortunate enough to be poisoned with the drug. The other is that you may the better understand the action of *Nux vomica*, for Strychnia being its principal ingredient, you will find running all through its symptomatology this over-impressionability; by this I mean that everything impresses the patient excessively. External impressions, as sounds, odors and noises, excite him, and that over-irritability, I say, is characteristic of the drug.

The nearest ally to Strychnia, that I know of, is the active principle of *Cocculus Indicus*, *Picrotoxine*. This, like Strychnia, causes tetanic convulsions, the main difference being that in the case of Picrotoxine, there is not the same impressionability; the convulsions are not so readily excited by external influences.

Cocculus Indicus, from which the alkaloid Picrotoxine is obtained, may be used in convulsions when the respiration is impaired not so much from spasm of the respiratory muscles as from spasm of the glottis; and when the convulsions occur in persons who have been weakened by the loss of sleep, or by loss of animal fluids.

Veratrum album causes convulsions with spasm of the glottis and constriction of the chest amounting almost to suffocation. The hands and feet are drawn inward, and the pupils are contracted. You distinguish it from Strychnia in this; under *Veratrum album*, it is secondary to exhausting diseases and never primary, as under Strychnia.

Stramonium like Strychnia causes tetanic convulsions which are worse from touch or from light. The distinction lies principally here: with *Stramonium* there is almost always mania present, while under Strychnia the mind is clear to the last hours of life.

Camphor and *Phytolacca* are very similar to Strychnia in tetanic spasms. Both of these have showing of the teeth from drawing-up of the corners of the mouth. Camphor is indicated in tetanic spasms with the ever-present deathly coldness.

Phytolacca is called for when there are clenching of the hands and flexing of the toes. The lips are everted, and there is alternate spasm and relaxation of the facial muscles.

Angustura is indicated in tetanus of traumatic origin with trismus. The back feels stiff, and there are darting and spasmodic pains in the neck.

Curare is indicated in catalepsy with spasm of the lower jaw.

In studying *Nux vomica*, you will remember these prefatory remarks. First of all, let me say that *Nux vomica* is complementary to *Sulphur*. By that, I mean that very frequently after *Nux vomica* has done as much as its symptoms will allow it to do, the remaining symptoms often find in *Sulphur* the remedy that will complete the cure.

Now, let me give you the *Nux vomica* temperament. It does not necessarily follow that you must not use *Nux* if the constitution is not what I am going to describe; but it does follow that it acts better in the constitution about to be mentioned. *Nux vomica* suits best for rather thin, spare patients. It does not seem to act so well on the fleshy. Especially, is it indicated if the patient is rather irascible, and quick and active in his motions. He has a nervous temperament. The face is rather sallow or yellowish. There is a sort of false plethora, that gives the patient at times red cheeks on the yellow background. Generally, too, you will find that the patient suffers from any strain on the mind; particularly, if this overtaking of the mental powers is intensified or rendered more injurious by sedentary habits. Thus you find the drug of great value for those who deprive themselves of sleep and exercise in pursuance of their studies. You will find it frequently indicated in ministers who take very little exercise, and who have become dyspeptic. They have headache and are tired in the morning when they awake. The *Nux* patient frequently lies awake at night; his mind is so wrought up that he cannot sleep. Thoughts run through the mind in confusion. He falls asleep long after midnight, and then awakes in the early morning, four or five o'clock perhaps. He falls asleep again, and when he awakes once more, he feels terribly used up, as if he had been on a spree, and his sleep had done him no good. He has bitter taste in the mouth; the tongue is coated; he complains of dull headache, and in fact of every symptom that points to wearing out of the system from overwork. This then is the kind of patient in which you will find *Nux* the most effective.

The *Nux* patient, you will find, has a great deal of trouble with the digestive organs. He suffers from headache. This headache is situated either in the occiput or over one or the other eye, usually the left. When it is situated over the eye, it begins usually in the morning, and increases all day until night, and is accompanied generally by sour taste in the mouth (less frequently by a bitter taste), by accumulation of flatus and by annoying retching. This may be associated

with vomiting of food and of sour matters, but the prominent feature of the vomiting is the violent retching, often more or less ineffectual, showing you the irritated condition of the stomach. He, too, has this peculiarity of sleep, awaking early at three or four o'clock in the morning, and then falling asleep once more, awakes again feeling worse than at first. The bowels are constipated; and this constipation consists characteristically in ineffectual urging to stool. Thus you see that it is not due to atony of the rectum, but to irregular, fitful action. He suffers, too, from gastralgia which is usually made worse by eating. It is sometimes worse, however, when the stomach is empty. The pain starts in the epigastrium, and radiates in various directions, into the back, etc. The paroxysms are very apt to recur periodically every morning, and are often associated with vomiting of sour matters and ineffectual urging to stool. The pains themselves are of a griping clawing character as though a hand were scraping the inside of the stomach; and they are often relieved by hot drinks. Now you will notice that the symptoms I have mentioned for *Nux vomica*, if mentioned in pathological language, would have to be put under the term gastric irritability. The nerves are in such a state of hyper-irritation that food causes spasmodic action of the stomach and ejection of its contents. This, you will notice, is pathologically similar to the condition of the rectum.

In this extreme gastric irritability, we find *Nux vomica* and two or three other remedies which we cannot get along well without. You are treating a patient who has been prostrated by disease; as soon as he swallows food up it comes again. *Nux* is here one of the remedies particularly in children who are very excitable, and in men when they have indulged in excessive eating or in debauchery.

In other cases, where there is much burning in the stomach with the violent ejection of food, *Bismuth* is the remedy. The *Subnitrate of bismuth* is the remedy for pure gastralgia, that which is not associated with any catarrh, or with any of the symptoms of indigestion. The epigastric pains may be burning, griping or lancinating, and associated with dull pain in the back, and spasmodic vomiting.

Another form of stomach trouble to which *Nux* is applicable is a dyspepsia in which there is marked aggravation about an hour or so after eating. The patient complains of great hunger about twenty-four hours or so before the attack comes on. In these cases, he craves meats, gravies, and fat foods. He

has violent thirst, and water distresses the stomach and causes distension of that organ. The patient, after even a light meal, is obliged to loosen his clothing.

In still other cases, we find *Arsenicum* the remedy, when in addition to the burning pains, we have the intolerable restlessness and anxiety, thirst, etc. It produces a perfect picture of subacute gastritis.

Still another remedy more valuable than any yet mentioned is *Kreosote*. Kreosote is a remedy for this irritable weakness of the stomach. Food cannot be digested. But I think its distinctive character lies in this fact, that though the stomach retain the food several hours, it finally ejects it undigested.

In gastric symptoms following debauchery *Nux* sometimes fails and sometimes is contraindicated by temperament. In the former case *Carbo veg.* is a good remedy.

Pulsatilla is preferable to *Nux vomica* when the symptoms have resulted from a mixed diet such as meats, pastry, ice-cream, etc., especially if the temperament agrees.

In constipation *Nux* is similar to several remedies. *Lycopodium* has constipation with ineffectual urging to stool, but under this remedy the ineffectual urging is caused by constriction of the rectum and anus.

Carbo veg. has urging to stool similar to *Nux vomica*, but it is relieved by the passage of flatus, showing that that was the cause of the urging.

Under *Opium*, *Bryonia*, and *Alumina* the constipation is unattended by urging to stool. *Opium* has constipation from inactivity of the bowels; the stool consists of hard, round, black balls.

The *Bryonia* constipation results from dryness of the alimentary tract. The stools are large, dry, and hard.

Marked inactivity of the rectum characterizes *Alumina*. Even a soft stool requires great effort for its evacuation.

Nux vomica has a marked action on the liver. It is particularly indicated in liver affections in those who have indulged to excess in alcoholic liquors, highly-seasoned food, or have abused themselves with drastic purgatives. *Nux* is one of the best remedies we have to counteract the effect of allopathic dosing. You will frequently find it necessary in taking charge of a case that has been under old school treatment to administer *Nux* before you can make head and tail of the case. The liver you will often find in these cases swollen and hard and sensitive to the pressure of the clothing. There is often colic attending these gastric and bilious troubles. This colic

may come from accumulation of flatus which presses up towards the chest, producing inconvenience in breathing; or downward upon the rectum and bladder, developing both urging to stool and urination. Or it may be hæmorrhoidal colic. By this I mean abdominal pains which follow the sudden stoppage of a hæmorrhoidal flow. The patient has been for years subject to piles, with bleeding at stool. If from some cause this flow is suddenly checked and headache or colic results, Nux will help him. If the liver is enlarged, you must give Nux in repeated doses, and you will often be gratified at finding the liver resume its natural proportions. If it does not, then you have to fall back on *Sulphur*, *Sepia* or *Magnesia mur.*

Nux vomica is also useful in jaundice provoked by violent anger, by abuse of Quinine, or by too high living. The patient has attacks of faintness, after which he feels very sick or weak.

Nux may also be indicated in the enlarged liver of drunkards.

Chamomilla may be employed in jaundice resulting from a fit of anger.

Bryonia is useful in jaundice when the case has been spoiled by the abuse of Calomel.

Carduus marianus is indicated in jaundice with dull headache, bitter taste in the mouth, tongue white, especially in the middle with the tips and edges red. There is nausea with vomiting of an acid green fluid. The stools are bilious, and the urine golden yellow. There is an uncomfortable fulness in the region of the liver.

In hæmorrhoids, Nux may be useful when there is itching, keeping the patient awake at night, and frequently so severe as to compel the patient to sit in a tub of cold water for relief. There is frequent ineffectual urging to stool. There is bleeding from the piles. Unless Nux is thoroughly indicated, it should not be prescribed, for while in such cases it may cure the piles, it will excite some other trouble more unbearable than the one it has relieved.

The analogues of Nux in hæmorrhoids are several. First, *Æsculus hippocastanum*. This is a wonderful remedy in abdominal plethora. You will find it indicated when there is throbbing deep in the abdomen, particularly in the hypogastric region. The hæmorrhoids, which may or may not bleed, are accompanied by a feeling of dryness in the rectum, as though little sticks or splinters were pricking the folds of

the mucous membrane. That is the key-note for *Æsculus*. *Æsculus* also has weak feeling at the sacro-iliac symphysis, as though the legs were about to give out.

The next remedy that I will mention in this connection is *Aloes*. This remedy has abdominal plethora and flatulence like *Nux* and *Sulphur*, and hæmorrhoids like *Nux*, *Sulphur*, and *Æsculus*. But it differs from these remedies in that it acts almost entirely on the rectum, producing catarrh of the rectum. The stools are accompanied by an immense expulsion of flatus. The hæmorrhoids protrude like a bunch of grapes and are greatly relieved by cold water. There is also a sort of uncertainty about the rectum, shown in a feeling as if the bowels were about to be moved. *Aloes* also cures a headache which, like that of *Nux vomica*, is situated over the eyes. It is attended by a sensation as though a weight were pressing the eyelids down. Relief comes from partially closing the eyelids.

Collinsonia is indicated in hæmorrhoids when there is a sensation as of sticks in the rectum. Constipation is usual. The bowels are more apt to move in the evening. *Collinsonia* is also useful in prolapsus uteri complicated with hæmorrhoids. It is just as frequently indicated in this condition as is *Podophyllum* in prolapsus uteri with diarrhœa and prolapsus recti. We find that *Collinsonia* has a symptom like one of *Opium*, dry balls of fecal matter are passed from the rectum, but they differ from those of *Opium* in that they are of a light color.

Hamamelis is called for in hæmorrhoids when there is considerable hæmorrhage with marked soreness of the affected parts. The back feels as if it would break.

Nux vomica may be used in diarrhœa coming on after a debauch. The patient is usually worse in the morning. The stools are papæsent or watery, and are characterized by being scanty and often accompanied by urging, thus keeping up the character of *Nux vomica*. The patient gags and retches in the morning, vomiting perhaps a little froth or sour fluid. He craves liquor, of course, but so irritable is his stomach that he vomits it as soon as it is taken. Such persons seem to be particularly intolerant of milk.

We may give *Nux* in dysentery when there is frequent urging to stool, this urging ceasing as soon as the bowels move. The stools are bloody, slimy and watery and also scanty. The patient is worse in the morning. *Nux* is indicated by these symptoms, whether the disease is the result of cold, or whether

it comes from the suppression of a secretion, as the perspiration.

Mercurius is distinguished from *Nux* in dysentery in that the urging to stool does not cease with the evacuation, no matter how free that may be.

Another concordant remedy in dysentery is *Aloes*. This drug is useful in dysentery when there is griping pain in the hypogastrium before stool, being here very much like *Nux vomica*. The stool consists of blood and mucus coming out in jelly-like masses. The griping may or may not cease after stool. In addition, we may have an extraordinary amount of mucus expelled.

Let me speak of the use of *Nux* in incarcerated hernia, whether inguinal or umbilical, and I will have done with its abdominal symptoms. *Nux* is indicated when the patient complains of a feeling of weakness in the abdomen on rising in the morning.

Lycopodium may be used for right-sided inguinal hernia.

Cocculus indicus comes into play in umbilical hernia after *Nux vomica* has failed.

Now let us look at the action of *Nux* on the different organs, for instance, the eyes,—we find it indicated in many eye diseases. In the first place, you may give it in ordinary conjunctivitis, particularly when it is worse in the morning. This period of aggravation is so well marked that it becomes characteristic of the drug. There is agglutination of the lids and photophobia in the morning. These symptoms may also indicate the drug in scrofulous ophthalmia and in blepharo-spasmus.

It may also be indicated when the deeper structures of the eye are involved. For instance, it may be given in that dread disease, atrophy of the retina, whether it come from choroido-retinitis or not.

We find it indicated, too, in another condition of the retina, that is hyperæsthesia of the retina. It is indicated by the intolerance of light, worse in the morning; the least attempt to use the eyes is followed by intense pains and spasmodic motion of the different ocular muscles; with this, there may be exco-riating lachrymation.

Another condition in which you find it indicated is, in ecchymosis of the sclerotic, when a certain amount of blood is effused beneath the conjunctiva. These often follow debauchery or sitting up late at night to study, in persons subject to dyspepsia.

If these ecchymoses are of traumatic origin, then we are to think of *Ledum* and *Arnica*.

Now for *Nux vomica* in catarrhs. *Nux* is suited to the initial stages of the ordinary coryza, particularly when it has been caused by dry, cold weather, or by sitting in cold places, especially from sitting on cold steps. The trouble is associated with sneezing, and stuffed-up sensation in the nose. The nose seems to be dry, there being no discharge to speak of; the eyes water, and there is a scraping rawness in the throat. Sometimes these catarrhal symptoms seem to be worse in a warm room and are relieved by the open air.

Now this rawness differs from that of *Mercurius*. It is not a sore, raw feeling as if the skin were off, as it is a rough, scraping sensation. *Mercurius* then is useful in coryza, with rawness and soreness of the nose and throat, with aggravation in damp weather.

Pulsatilla is the remedy for a ripe cold, in which the discharge is green and bland. If *Pulsatilla* is prescribed in the beginning, it usually spoils the case.

If, despite the use of *Nux*, the cold travels downwards and involves the chest, I have found *Phosphorus* to follow well.

There is an epistaxis curable by *Nux vomica*. It occurs in persons of a hæmorrhoidal disposition. It is usually preceded by headache, with red cheeks. It usually comes on at night during sleep, although it may occur at any time.

Nux may also be used in Eustachian catarrh. There is itching and tingling along the Eustachian tube, and this induces a frequent desire to swallow.

You will sometimes find symptoms of the mouth suggesting *Nux* as a remedy. Ulcers form on the lips which burn and have sticking pains in them. Ulcers also appear in the mouth. The stomaceae of *Nux vomica* is of gastric origin.

The cough of *Nux vomica* is not very characteristic; but you may employ it in cough of nervous origin, for instance in coughs which are provoked by mental work. It may also be used in coughs of gastric origin; after eating, the patient suffers from cough. This is usually accompanied by soreness in the hypogastrium.

In diseases of the chest, we do not find *Nux* indicated very often; still it is sometimes useful in asthma. This asthma is usually not the pure nervous asthma, but it is that which arises from gastric disturbance. It is associated with a feeling of fulness and oppression in the stomach; particularly manifested after a hearty meal during which the patient must loosen all the clothing about the hypochondria. The abdomen is distended with flatus. Belching relieves this asthmatic state.

The symptoms are always increased by cold air or any exertion, particularly ascending a height.

There is a drug analogous to *Nux vomica* which is often overlooked by members of our school, and that is *Zingiber*. *Zingiber* or ginger has a tonic effect on the stomach unless it is over-used. It is not a safe article of food to be indulged in by children or by those who have any kidney affection, as it rather favors the development of morbus Brightii. As a medicine, *Zingiber* may be used in asthma of gastric origin. The attacks come on in the night towards morning. The patient has to sit up to breathe. Despite the severity of the paroxysms there seems to be no anxiety.

Carbo veg. and *Lycopodium* may be used in asthma from abdominal irritation with marked flatulence.

In *hæmoptysis* or blood-spitting, *Nux vomica* is indicated when the trouble results from debauchery. The attack appears after a drunken spree or after some violent emotion, as anger. It may also result from suppressed hæmorrhoidal flow.

Nux vomica is a useful remedy in diseases of the genito-urinary organs. It is indicated in renal colic, when one or the other kidney, usually the right, however, is the seat of the disease. The pains extend into the genital organs and down the leg. It is usually associated with intense back-ache. We must here differentiate *Nux* from a few other remedies, *Lycopodium*, *Cantharis*, and *Berberis*.

One of the best remedies during the paroxysms is *Cantharis*, which relieves the patient by lessening the amount of local irritation and so permits nature to get rid of the stone with less suffering to the patient.

In the passage of gall-stones, I find that *Ether*, externally and internally, is very good. It here acts better than Chloroform.

Belladonna is another remedy for biliary calculi. The pains are of a sharp, shooting character; they come suddenly and radiate in various directions from the central point of irritation. The patient becomes feverish and excitable.

Berberis is an excellent remedy for biliary as well as renal calculi. The pains are of a shooting character. The patient cannot make the slightest motion, and must sit bent over to the right side to take the pain from the sore region. If, in addition, he complains of sharp darting pains following the direction of the ureter and extending into the legs, there is no remedy like *Berberis*. You find in the urine a reddish deposit, consisting of mucus, epithelium, and lithates.

The remedy to permanently cure biliary calculi is *Cinchona*. This has been highly recommended by Dr. Thayer, of Boston. Unless some symptom or symptoms call you specifically to another drug, put your patient on a course of *Cinchona* and have him continue it for a number of months.

We find *Nux* indicated in *hematuria* when it is traceable to the same causes as the hæmoptysis.

Nux vomica is indicated also in affections of the bladder, particularly in stranguy with painful urging to urinate, with passage of only a few drops at a time causing burning and scalding and other uncomfortable sensations.

Sometimes I have noticed that after *gonorrhœa* has been cured so far as the discharge is concerned, the patient still complains of irritation far back in the urethra, probably in the prostate, causing an uncomfortable feeling which the patient refers to the root of the penis. With this urging to urinate, there is urging to stool. In *gonorrhœa*, *Nux* is useful after the abuse of *Cubebs* or *Copaiva*, when the discharge is thin.

Nux is useful in sexual excesses, especially for the bad effects of early masturbation. It is one of a group of remedies used in these cases ever since the days of Hahnemann. This group consists of *Nux vomica*, *Sulphur*, *Calcarea*, and *Lycopodium*. *Nux* is to be given when the patient has headache, frequent involuntary emissions at night, especially towards morning; he complains of backache, difficulty in walking. Do not repeat your medicine too often, and when the improvement ceases under *Nux*, you will almost always find that *Sulphur* will be the next remedy which will give the patient any relief.

Calcarea usually follows *Nux* and *Sulphur*, particularly when night sweats follow every emission; or, after marriage, every coitus is followed by weakness of mind and body.

Lycopodium is indicated still later, when the case has gone on to complete impotency; when the erections are either absent or imperfect. The genitals are cold and somewhat shrivelled.

Staphisagria is called for in the bad effects of masturbation, particularly if there is great emaciation, with dark rings about the eyes, sallow face, and well-marked peevishness and shyness.

There is still another remedy which I would mention in this connection, and that is *Kobalt*. This is an excellent remedy for backache in the lumbar region, following seminal emissions whether voluntary or involuntary; this backache being particularly worse while sitting.

Nux is indicated in quite a variety of diseases of the female sexual organs. We find that it is a remedy which has caused and therefore can cure prolapsus uteri. It is to be used when the disease is of recent origin, and has resulted from a sudden wrenching of the body. These symptoms are often associated with constipation with ineffectual urging to stool. If Nux does not entirely cure, the best remedy to follow it is *Sepia*.

The menses, under Nux vomica, are almost always profuse, and generally dark in color. The patient has frequent fainting spells about the time of the menses, especially when in a warm room.

During pregnancy, Nux is a useful remedy for the morning sickness. The patient rises in the morning feeling haggard and sick at the stomach. The more retching predominates over vomiting, the more can we expect of Nux vomica. Jaundice, even, may be present. The skin is sallow, the bowels are constipated, and the appetite is lost. Still later, the patient complains of great pressure upwards, as though she could not breathe.

During labor, Nux is the remedy when the constipation calls for it. The labor-pains may be very spasmodic and severe; the woman has a constant inclination to stool and urine. This symptom, when Nux is the remedy, is not due to mechanical causes, such as the pressure of the child's head, but it is purely of reflex origin. Frequently, you will find fainting during the pains, or, the pains are in the back, and descend thence to the buttocks and thighs. We may also give Nux when the labor pains nearly or entirely cease, exactly as in *Pulsatilla*. The temperament of the patient will enable you to decide between the two.

Now, the action of Nux vomica on the spine: It produces, as we have seen when speaking of Strychnia, irritation of the motor centres and efferent nerves. The backache cured by Nux is that located in the lumbar region. It is usually worse at night when lying in bed, and the patient cannot turn over without sitting up. It is thus useful in lumbago. The longer he lies in bed in the morning, the more does his back ache.

It is also indicated in torticollis, arising from cold and due to spinal disease.

In spinal irritation, you may use Nux when the backache just described is present in association with the following symptoms: Sudden loss of power in the legs in the morning; the hands and feet go to sleep easily; stiffness and tension in the hollow of the knees; the clothing about the waist feels too

tight; sensation as of a band about the waist; desire to lie down; numbness and formication along the spine and in the extremities. These symptoms also indicate *Nux* in myelitis, and in the early stages of locomotor ataxy, especially when the trouble has occurred from exposure to cold or to sexual excesses.

Physostigma has a symptomatology almost typical of spinal irritation. Every nerve of spinal origin is irritated under this drug. The pressure of the finger between the vertebrae causes the patient to wince. *Physostigma* causes rigidity of the muscles from meningeal irritation. It finally develops trismus and tetanus.

Belladonna is the best remedy for stiff-neck of rheumatic or catarrhal origin.

Nux is useful in rheumatism when it involves the larger joints and muscles. It is especially indicated in rheumatism of the trunk. The swelling in the joints is usually rather pale. The symptoms are almost always worse towards morning.

Cerebral softening may be averted by *Nux vomica*. Especially is this remedy to be thought of, when sedentary habits and mental effort have operated as well as intemperance to produce the disease; especially, too, in persons who have been living too high. The memory is fickle, headache comes with every attempt to exert the mind. He has vertigo when he awakens in the morning, and his gait is vacillating.

Phosphorus is the remedy which most frequently follows *Nux* in this condition.

There is a new remedy which I would here like to mention, and that is *Pieric acid*. This is a violent poison. It is to be thought of when, after every severe mental effort, the patient suffers from intense headache of throbbing character, and felt more particularly at the base of the brain. Often, too, there is congestion of the spine with increase of sexual excitement, so that erections become almost violent enough to be termed priapism.

Next, we will look at *Nux vomica* in typhoid fevers. In the selection of *Nux* in such cases, you are guided by the gastric and bilious symptoms, bitter taste in the mouth, especially in the morning, nausea, vomiting of bile, and the characteristic constipation of the drug. The weakness which necessarily belongs to the typhoid state is expressed under *Nux* by strong inclination to lie down. The nights are passed in nervous, excited sleep; slight noises cause him to start. He dreams a great deal at night. He may even be delirious.

Nux vomica is useful in intermittent types of fever, when the chill is preceded or accompanied by blueness of the fingernails; gaping and yawning are well marked. There is always aching in the limbs and in the back; this is followed by fever, and that by sweat. During the apyrexia we have prominent gastric and bilious symptoms.

A peculiarity of Nux well worthy of mention is, that it seems to intensify the action of *Sepia*. The same relation exists between *Sepia* and *Lilium tigrinum*, and *Sulphur*, and *Mercury*. Nux vomica is inimical to Zinc.

CASE OF SUPRAPUBIC LITHOTOMY.

REPORTED BY C. A. WILSON, M.D., RESIDENT SURGEON, PITTSBURGH HOMŒOPATHIC HOSPITAL.

MR. C——, aged 47 years, admitted to Homœopathic Hospital, Pittsburgh, Pa., September 28th, 1885. Had been troubled with stricture of urethra for nearly two years. In January, 1884, an abscess formed in the perinæum, which was opened and found to communicate with urethra. This finally healed. In March, another one formed, on left side between perinæum and tuberosity of ischium, and was found when opened to communicate with the urethra also. A third abscess formed on the right side, with similar result; and in June following still another, which, in July, discharged freely. This closed about the first of August, since when he has had no recurrence of this trouble.

For the relief of the strictures, gradual dilation was employed; they were located, one at the base or corona, one in cavernous, and one in membranous portion of urethra. At first, a No. 5 English sound caused intense pain. In March, 1885, a No. 8 English having been passed, an enlarged prostate and a urinary calculus were discovered. The stone gave evidence of being pocketed or encysted.

In April, 1885, after any violent exercise, as walking or riding, the urine would be found to contain blood; prior to this, pus and mucus only were present. Circumstances surrounding the patient prevented an operation at this time, so that, October being considered the best month, the operation was postponed until that time.

While in Philadelphia, in September, Dr. C. M. Thomas made an examination of the case, confirming the diagnosis. After careful deliberation, the removal of the stone by the supra-pubic operation was decided upon.

At this time his condition was briefly as follows: General health good; urination frequent; urine dark and offensive; sharp, intense pains following micturition; microscopical examination shows the presence of red blood-corpuscles and of pus-cells; a few tube-casts, thin, hollow, and shrivelled; a few crystals of triple phosphate, and some round cells four or five times the size of red blood-corpuscles, with granular contents, a nucleus, and pellucid envelope bulging out.

Preliminary treatment: Bladder and urethra were thoroughly douched night and morning with solution of Borate of soda, one drachm to one quart of water heated to 110° , and temperature gradually raised to 120° .

This was followed by slight vesical tenesmus, which lasted for a few moments, when there was entire relief from pain.

October 2.—Vesical injection changed to Boracic acid, one ounce to the quart of water.

October 4.—Considerable soreness of urethra from passing sound No. 6 English, for which one drachm of Arnica θ was added to the above solution.

October 5.—The following injection was substituted: Boracic acid, \mathfrak{z} ij; Hydrastis fl. ex., \mathfrak{z} j; Aqua, Oij.

October 8.—Urethra has been dilated so that a No. 11 English sound passes easily.

October 10.—The bowels having been washed out, and the hypogastrium and adjacent parts shaved, the operation was performed by Dr. C. M. Thomas, of Philadelphia, assisted by Dr. J. H. McClelland, of Pittsburgh, who conducted the after treatment. A No. 8 catheter was passed into the bladder, and through it twelve ounces of water to which a small quantity of Iodine had been added were injected and retained. A rubber bag was placed in the rectum, and also distended with twelve to fifteen ounces of water. A median vertical incision, four inches long, was made and the bladder exposed to view. A suture of heavy silk was inserted by which the bladder was held. The hæmorrhage being controlled, an incision through the bladder was made, one and one-half inch in length, and the calculus removed. This was one and one-half inch long by one and one-fourth inch wide, and weighed two hundred grains.

The bladder was thoroughly washed out with Iodine solution, and the wound in that viscus closed with a modification of the Lambert and Glover sutures of catgut. The abdominal incision was next closed with eight catgut sutures, one of wire, and one of silk, to within one-half inch of the lower extremity.

Through this portion a drainage-tube was inserted, extending down to the bladder. A No. 8 silk catheter was introduced through the urethra and the bladder irrigated. This catheter was retained in place by adhesive strips.

The abdominal wound was dressed with antiseptic gauze and Iodoform; the dressings retained by strips of adhesive plaster applied so as to take the strain off of the sutures. Time of operation, thirty minutes.

The patient came from under influence of anæsthetic nicely, and with but little subsequent nausea and no vomiting. *R.* Staphisagria^{3x}, every hour. Bladder to be irrigated morning and night with solution of Boracic acid, one ounce to the quart of water.

At 6 P.M. Pulse 83. Temp. 100°.

October 11.—Patient weak and exhausted. Has taken nothing but water, about one half-pint, in twenty-four hours. Wound looks clean; was washed in 2 per cent. solution of Carbolic acid, and dressed as before. 6 A.M. Pulse 70. Temp. 97.6°. 6 P.M. Pulse 82. Temp. 99.5°. Bladder irrigated with Boracic acid and Hydrastis solution.

October 12.—Slight discharge of laudable pus from the wound, which is looking very healthy. Dressed as before.

P.M.—Catheter removed, and found to be covered with crystals of triple phosphate. Patient to be catheterized every two hours. 6 A.M. Pulse 82. Temp. 100.6°. 6 P.M. Pulse 90. Temp. 100°.

October 13.—Patient rested well during the night. Took some nourishment (milk) for the first time, and feels brighter and stronger. Wound sensitive, red, and swollen—erysipelatous. Painted it with Iodoform-collodion, 1 part to 10. *R.* Rhus tox.^{3x}, every two hours. 6 A.M. Pulse 90. Temp. 99.2°. 6 A.M. Pulse 90. Temp. 100°.

October 14.—Has had considerable pain through bladder during the past forty-eight hours, for which rectal suppositories, $\frac{1}{8}$ gr. Morph., were used. Wound looks better, but very sensitive. 6 A.M. Pulse 86. Temp. 99°. 6 P.M. Pulse 90. Temp. 100°.

October 15.—Slight oozing of watery fluid—clear, colorless, slightly viscid, and odorless—from the wound. This discharge is not influenced by the amount of urine in the bladder, and continues to flow just as freely after as before catheterization. Pulse and temperature, from this on, remained about normal.

October 16.—Serous discharge from wound, very profuse, perfectly odorless and colorless, while the urine has a strong

odor and is highly colored. Stitches removed, leaving only the wire suture. Wound dressed as before. Catheterization every three hours.

October 17.—Discharge from the wound is very profuse; secretion of urine is normal; catheterized every four hours; wound is healing rapidly; dressed with Iodoform.

October 18.—Amount of urine to-day has been about one ounce every four hours, except at 2 P.M. three and one-half ounces. Wound looks healthy, and healing rapidly. The wire suture removed. Wound dressed with Boracic acid solution. *R.* Pulsatilla^{3x}, every two hours.

October 19.—Discharge from wound continues; more profuse during the afternoon. Secretion from kidneys normal. Reaction of urine has been decidedly acid from the first. Reaction of discharge from wound is neutral. Bladder to be irrigated with solution, Borax \mathfrak{z} j, Hydrastis \mathfrak{z} j, Aqua Oij.

October 20.—Amount of urine during the past twenty-four hours, eleven ounces. Discharge from wound is diminished. Wound healing nicely. Dressed with Iodoform and cosmo-line.

October 21.—During past twenty-four hours the secretion of urine has increased to about $3\frac{1}{2}$ ounces in four hours. An enema was given at 2 P.M., followed by a free evacuation from bowels; since then, discharge from wound has been very profuse. The largest quantity of urine retained in bladder at one time to-day was six ounces.

October 22. Discharge from wound was very slight during forenoon; since then, it has been scarcely perceptible. Wound healing rapidly. The drainage-tube still kept in opening at lower end of incision to allow wound to granulate from the bottom. Seven and one-half ounces retained in bladder at one time to-day without discomfort.

October 24.—No discharge from wound during the past forty-eight hours. Secretion of urine gradually increasing; nine and one-half ounces retained in bladder to-day, causing desire to urinate, but no discharge from wound.

October 26.—Catheterization discontinued. Ten ounces of urine retained to-day. Some burning on micturition. Wound is gradually filling up. Dressed with Balsam of Peru. *R.* Sulph. iod.^{3x}, every three hours. Mr. C. sat up for a short time to-day, without experiencing any unpleasant symptoms.

From this time on, there was uninterrupted and rapid improvement in all respects. An examination of urine, October

30th, showed the presence of pus and lymph corpuscles, fine mucous casts, and a few small crystals of triple phosphates.

The discharge from the abdominal wound, we are satisfied, was not from the bladder, the whole process having been subjected to the closest analysis. At all times it was clear and watery, and perfectly odorless, while the urine was high-colored and had a decidedly urinous odor. The discharge, too, was uninfluenced by the amount of urine in the bladder, flowing as freely immediately after the catheter was used as when the bladder was distended with urine, or during irrigation. What, then, was the source of this discharge? In the process of healing the inflammation may have extended to the fold of peritoneum, in close proximity to the upper end of the incision, or, we may surmise that a slight opening into the peritoneal cavity, made at the time of the operation, or by suppuration during the healing process, supplied this profuse and almost uninterrupted flow.

The case is also particularly interesting in showing the advantage of attempting to secure immediate union of the bladder wound, instead of taking it for granted that it cannot be obtained.

The patient left the hospital at the expiration of four weeks after operation, able to resume business. Irrigation of the bladder has been continued daily up to date, December 1st, the solution of Borax and Hydrastis being used.

ARSENICAL JAUNDICE.

BY DR. W. IMBERT GOURBEYRE.

L'Art. Médical, January, 1886.

(Translated with remarks by S. Lilienthal, M.D., New York City.)

ANCIENT physicians mention already the jaundice produced by Arsenic, and Hahnemann, in the *Chronic Diseases*, gives: eyes yellow (200, 201); pale, yellow, cachectic complexion (267); yellow complexion, and the eyes sunken in the orbit (270), and he cites an observation of Alberti, where the patients saw everything yellow during the nausea.

He cites many cases of poisoning, among others: In a young man of 18, dead several hours; after taking Arsenic, the autopsy revealed the skin of the neck, of the front and sides of the thorax, the arms, the lower back down to the knees, the buttocks not so much, of a diffuse coppery color (Thompson, *Lancet*, 1840). A wife poisoned by husband; face, neck,

front of thorax yellow; veins of saffron color; conjunctivæ jaundiced (Choullant, Henke's *Zeitschrift*, 1841). Especially, Cuprum arsenicosum is apt to produce it, but the most danger is from arseniuretted hydrogen gas. The brother of Dr. Schindler poisoned himself with this gas, and after twelve hours, the conjunctivæ were yellow, and the entire skin deeply bronzed. The same happened to the chemist Brittan; during the first days, his face was of a yellowish-red color, the body of a yellowish-green; bloody urine in both cases. Out of fifteen cases, hæmaturia was present in fourteen cases, and jaundice in thirteen.

Dr. Eitner, of Breslau, published four cases of poisoning by this gas. The professor of physic took sick, November 1st, 1880, at 5 P.M., with severe chills. He tried to eat some supper, but had to go to bed. The night was feverish, his sleep restless, dreaming the same thing over and over. In the morning he perspired, and found that his urine was bloody. Great prostration, especially in his legs, so that he could only go up-stairs with difficulty; total loss of appetite. His physician found jaundice and hæmoglobinuria. November 3d, he tried to attend to his lecture, but in the evening the chill and the prostration returned, and during the night his urine was again bloody. Microscopic examination showed in the urine absence of the globules and presence of hæmoglobinuria. On the 5th, he was well. Another professor and several students suffered from the same cause, with the same symptoms, and the inhalation of the gas also changed the timbre of the voice. The gas was made, on the first of the month, with impure zinc and commercial acidum sulphuricum, containing Arsenic. Such accidents in the laboratory are frequent. The chemist, Gehlen, died from it. Nineteen cases of hydro-arseniuretted poisoning are already on record, of which seven were fatal.

Autopsies, especially microscopical ones, show an enlarged liver. Karajan, of Vienna, demonstrated atrophy, and the yellow color characteristic of acute fatty degeneration, where during life the disease was diagnosed as icterus gravis.

It is now well known that Arsenic causes *steatosis* of the muscles, and especially of the abdominal viscera, particularly the liver and kidneys. Christison, 1856, in the case of poisoning of Miss Wooller, demonstrated that the liver was yellowish, friable and fatty. Saikowsky demonstrated it experimentally on twenty-three rabbits. Arsenic and Antimonium act exactly like Phosphorus, the steatogenous substance, par excellence. Arsenic even suppresses the glycogenic function of the

liver, hence arises the use of Arsenic in diabetes. In the same year, Grohe and Mosler, Greifswald, verified on a child of two years, which died in thirteen hours after being poisoned with Arsenic, the results of Saikowsky, namely, the rapidity with which it produces steatosis.

Lolliot (1868, Paris) demonstrated this hepatic steatosis in three dogs, poisoned during three weeks with Arsenic. The animals showed the yellowness of the conjunctivæ and of the buccal cavity. With the steatosis, the liver showed in two animals bloody infiltration.

Gies, 1878, confirms, in many experiments on animals, the steatosis of the cardiac muscles, of the liver, spleen and kidneys (*Archiv. f. exp. Pharmacie und Pathologie*). In the same year, Ritter found hepatic steatosis in four geese poisoned with Arsenic (*Revue méd. de l'Est*). Studying the question of the distribution of Arsenic in the body, Ludwig found some in the brain, 84 parts in the liver, 129 in the kidneys, 3 in the muscles, and is here in opposition to Skolosuboff, who found a great deal of it in the brain (*Wien. Med. Jahrb.*, 1880). Ferreol reports a death in 26 hours after taking the poison and found a prodigious steatosis produced in so short a time. Pistorius (*Archiv. f. Pathologie und Pharmacie*, 1882) pretends that the drops of fat in Arsenic are smaller than those in poisoning from Phosphorus.

We may, therefore, come to the following conclusions:

1. There certainly is an arsenical jaundice. It may be limited to the eyes, face, or superior parts of the trunk; in other cases, it is generalized, presenting itself under the form of a simple or severe jaundice, or as acute hepatitis.

2. It may easily happen that a case of poisoning may be mistaken for these diseases, if one does not know that it was caused by the Arsenic.

3. Icterus produced by arseniuretted Hydrogen shows a more intense color than that produced by arsenious acid, the color leaning towards brown. Icterus is here the rule.

4. Arsenic causes in the liver fatty degeneration, interstitial hæmorrhages; just like Phosphorus. Bloody urine is also the rule in poisoning by arseniuretted Hydrogen, and it may happen in poisoning with Arsenious acid.

Very few cases are yet on record that Arsenic cured jaundice, still Gerbarius relates that a patient took orpiment, which caused burning and tearing in the stomach, vomiting and diarrhœa, and cured him of his jaundice. But long before him, Avicenna prescribed Arsenic for jaundice.

Some homœopaths used it, so Kreussler prescribes Arsenic 30th in hepatitis, with painful swelling of the right hypochondrium and burning sensation; black vomit, burning heat, great thirst, anxiety and excessively frequent pulse. Should an abscess open into the stomach or intestines, Arsenic is still indicated. Kreussler also believes in the powerful action of Arsenicum 30th in jaundice with heat, restlessness, anguish, moral irritability alternating with downheartedness. Gross also affirms that Arsenic in jaundice from hepatic disorganization succeeds after the failure of all other remedies. Hahnemann recommended Arsenicum for induration of the liver. Zlak succeeded with it, after the failure of Mercur., China, Nux, and Digitalis, in a case where jaundice was connected with a cardiac affection, with inflammation of the duodenum, with a cachectic state, or where it was the sequel of periodical fevers. Jousset and Kafka praise it highly in hepatic congestion, abscess, cancer, cirrhosis, in icterus gravis and hepatic colic. In hepatic abscess, Kafka advises Chininum arsenicosum, and prescribes even Arsenicum in common cases of jaundice, as we find among the symptoms acute gastric catarrhs.

If then Arsenic, Phosphorus and Antimonium produce jaundice and fatty degeneration, and as it is our duty to individualize strictly, let us study out the differential points.

Blyth (*Poisons, their Effects and Detection*) says: the most general effect on mammals of breathing Arsine, is to produce jaundice, bloody urine and bile. The bile is remarkably thickened, and the theory is, that in such cases the jaundice is purely *mechanical*, the gall-duct being occluded by the inspissated bile. Hugo met only occasionally with fatty degeneration of the liver, but there was marked steatosis of the epithelium of the gall-bladder. In dogs he also found a serous transudation into the pleural sac and acute œdema of the lungs; there is also much fluid in the pericardium and in the cerebral ventricles sometimes, in all there was increased moisture of the brain with injection of the capillary vessels, especially of the pia. In some cases of poisoning with Arsenic nervous symptoms predominate, as narcosis, paresis deepening into paralysis, delirium, even acute mania, as well as epileptiform convulsions. In some cases a copious *miliary eruption* breaks out, disappears and reappears, till convalescence is fully established.

Gubler (*Principles of Therapeutics*, page 292) demonstrates, that in the tissues where Phosphorus normally predominates, Arsenic will predominate when introduced from whatever

cause, especially in the nervous system and liver and wherever there are phosphate there may be arseniates formed. Arsenic produces necrobiosis, and in such cases *a fatty matter will be produced which is the state of final decomposition of the histological elements, and which is also produced in dead bodies; it is the fat of the cadaver*, and this steatosis must not be confounded with the formation of fatty tissue.

Tardieu divides the cases of poisoning with Phosphorus into three classes, though they may follow one another in the same case; the simple form 83 per cent., the hæmorrhagic, 10 per cent., the nervous 6 per cent., anomalous 1 per cent. One of the chief symptoms is jaundice, which would hardly fail in any case, if the patient would live long enough for the occurrence of jaundice. With the appearance of jaundice the person is under the full influence of the poison, but suffering in addition from all the *accidents incidental to the retention of the biliary secretion in the blood*: retention of urine, insomnia, headache, frequent vomiting, painful and often involuntary defecation, erythema or urticaria, so that the symptoms are alike to those of acute yellow atrophy. The hæmorrhagic form has with the jaundice great effusion of blood from all organs, the liver is swollen and painful, bodily weakness great. In the nervous form we witness with the jaundice a creeping sensation about the limbs, cramps, fainting and somnolence, ending with lockjaw and convulsions in death. The urine contains albumen, blood and casts.

Woodman (*Toxicology*, p. 89) says that in Phosphorus poisoning jaundice is an early symptom (3d to 5th day), with retention of urine and possibly delirium. One uniform post-mortem appearance is the fatty change discoverable in the liver and sometimes accompanied by atrophy, as well as in other soft organs; such as the kidneys, the glands of the stomach, the heart, the muscles and at times the aorta. No doubt *this fat is produced by the decomposition of albumen in the viscera*. Phosphorus also produces a peculiar affection of the kidneys, and in these cases during life the urine was generally albuminous. The urea excreted seems to be increased, whilst the oxygen taken in, and the carbonic acid given off, seem to be lessened.

Hirt (*Gewerbe-Krankheiten*, p. 445) remarks that Arsine (AsH_3) changes the blood in a remarkable manner, even when inhaled in small quantities, the hæmoglobine being separated from the red blood-corpuscles and dissolved in the plasma, so that the blood in the layers appears transparent. We have

here a state of irritation and of depression; during the former headache, vertigo, anguish, vomiting, desire for alvine discharges, strangury and hæmaturia; during the latter debility, exhaustion, numbness of extremities, and death in consequence of *consumptio virium*. Post-mortem we meet a peculiar yellow coloration of the skin, of the mucous membranes, of the liver, etc., and a dirty dark-red color of the blood. During life the hæmaturia is a characteristic symptom.

Phosphine (PH_3) produces in the blood an oxidation of the gas into phosphorous acid and water. The color of the blood in thin layers is violet; the blood-corpuscles are of a bright color, and finely notched; hæmaturia is only exceptionally observed; otherwise, the symptoms are nearly alike to those produced by Arsine. Post-mortems reveal especially ecchymoses and hæmorrhagic exudations.

The changes produced by Arsen-poisoning in the liver are, excessive steatosis and increase in volume. The fat is not diffusely deposited, but in the centre of each acinus the cells are filled with drops of fat, enlarged, and contain sometimes two or three nuclei (Leyden and Saikowski).

Riess (Eulenberg's *Encyclopædia*, x., 555) considers icterus, hæmorrhages, enlarged liver, and finally collapse, the characteristic symptoms of Phosphor-poisoning, and the *icteric fatty liver* is never missed. Interstitial hepatitis is the first stage; the consistence of the liver firm and doughy, the fat easily diffused through the whole organ, the cells filled with it. The same fatty degeneration is observed in the kidneys and in the heart.

We have seen, thus far, that Arsenic causes more a hepatogenous cholæmia, and Phosphorus a hæmatogenous one; in the former, jaundice is a late symptom, or may be entirely absent; in the latter, it is an early symptom, appearing already on the third day, and increasing in intensity as long as life lasts. That little symptom, "small wounds bleed much," shows, that in Phosphorus the blood has lost its coagulability and hæmorrhages prevail, whereas, the malignancy of Arsenic shows itself by its direct poisoning action on the red corpuscles, with such rapid disintegration that effusions and chronic anæmia are the consequences of prolonged exposure to arsenical influences. Let us also recollect the hæmoglobinuria so often observed from the inhalation of Arsine.

Buchner (*Morbus Brightii*, p. 63) studied well the action of Phosphorus and of Arsenicum, in considering the one the antipode of the other. Arsenicum produces a hyperinotic blood-crisis, with tendency to hydræmia, especially from or-

ganic alterations of the left heart and of the large bloodvessels; whereas, Phosphorus is the chief representative of albuminous exudation in the substance of the lungs, the presence of tuberculosis; also, especially, of diseases of the right heart or of the pulmonary artery, or of both, distinguishing themselves principally by passive venous stagnation in the kidneys; hence, Arsenicum, arterial stagnation; Phosphorus, venous stagnation, with or without disturbance of the lesser circulation. Again, in eclampsia, he says, the differentiation between Arsenic and Phosphorus is easy: Arsenicum, in œdema of the brain; Phosphorus in cerebral atrophy.

This very primary venous stagnation of Phosphorus explains why we have, so early, hepatic troubles, leading to acute yellow atrophy; whereas, in Arsenicum, its necrobiotic influence on the liver and kidneys is secondary to its paralyzing influence upon the heart and upon the life of the blood.

We would wish yet to compare Arsenicum with the Antimonials, but we must reserve this for another opportunity, if so desired.
S. L.

[NOTE.—We hope our distinguished contributor will not fail to send us his comparison between Arsenicum and the Antimonials, as above suggested.—ED.]

STAPHISAGRIA IN MORBUS COXARIUS—A CASE.

BY F. P. LEFFERTS, M.D., BELVIDERE, N. J.

C. M., æt. 12 years; is of slender build and light complexion. At the age of five years, a scrofulous inflammation, followed by suppuration, attacked the tissues over the posterior surface of the right ilium. The abscess thus formed discharged freely for about three years, during which time he was under allopathic treatment. He then came under my care. The abscess above-mentioned, and the fistulous tract through which it discharged, soon healed under the action of *Silicea*³⁰. The scrofulous character of my patient's constitution was shown by the large cicatrices in the neck, the result of old glandular abscesses in that region.

During the past summer, an abscess formed in the right iliac region. For this, he was treated by an allopathic physician. On November 18, 1885, the little fellow was brought to my office on account of lameness attended with pain in the right groin. Other symptoms presented at this time were conjunctivitis (scrofulous), pain in the popliteal space, and distress in

epigastrium. *Rhus tox.*^{3x} was prescribed. I saw him again November 27th. His condition had not improved. *Sulphur*³⁰ was then prescribed, and with like result. On December 3d the remedy was changed to *Mercurius vivus*⁶. On the evening of December 8th, fever appeared. The pulse was 120; the temperature was not taken. He had the distress at the epigastrium with a sensation as of a load there. He vomited. The ophthalmia had improved somewhat. The edges of the lids were also inflamed, and there were three or four hardened styes, in different stages of development. The pain in the groin was unchanged. There was some tenderness on pressure over the hip-joint. *Belladonna*^{3x} was ordered to be administered every two hours and the patient put to bed. On December 11th the temperature was 103.2° and the pulse 120. I then placed the patient on the floor and measured his limbs. The right leg was one-half inch shorter than the left. The right foot was everted and the gluteo-femoral crease on that side was obliterated. There was quite a limp in walking. The pain was not much aggravated at night. He now began to have night sweats. At this visit I learned that he had received a severe fall just before he began to complain of his present series of symptoms. *Staphisagria*^{3x} was prescribed. Under its action improvement began at once. On December 13th, his temperature was 102.5°; and on December 15th 100.6°. From this time onward there was a gradual lowering of the temperature, as shown at each visit, until January 13th, 1886, when it was found to be normal. The pain in the groin passed away, as did also the swelling and tenderness over the hip-joint, the pain in the popliteal space, the heaviness in the epigastrium, and the night sweats. The gluteo-femoral crease reappeared, and the apparent lengthening of the diseased member passed away. The ophthalmia has disappeared, but the edges of the lids, though improved, are not well yet. He is now able to walk without limping; in fact, he appears to be well in every particular except the eye-lids above-mentioned.

A STRICTLY UNSCIENTIFIC CURE OF FITS.

BY GEORGE W. WINTERBURN, M.D., NEW YORK.

ON January 26th of this year of our Lord, a mahogany-colored pickaninny, about twelve months old, whose parents live on Twenty-seventh Street, just west of Sixth Avenue, fell out of its high chair, and landed upon its head and face, with

its entire twenty-one pounds of accumulated weight, plus the momentum achieved. The result was a bump, not altogether phrenological, a cut and bleeding lip, and considerable squawking. After the immediate consequences of the accident were overcome, the child fell into a deep sleep, from which it could with difficulty be awakened, and which continued almost uninterruptedly for more than twenty-four hours. On the second day after the fall the child had a convulsion; a novelty in its terrestrial experience. Two days later it had another, more severe. On the day following (January 31st) it had another. From this time they continued to increase in frequency and severity until February 20th, when the entire family presented themselves at my office. The convulsions now came on at irregular intervals, generally three or four each day, and each attack lasting some five or six minutes. Appetite was good, and there was no vomiting; the bowels were somewhat torpid, but not constipated; and the only abnormal symptoms were "crossness," and "crying when lifted up, as if it hurt him."

I gave the child, then and there, a dose of *Arnica*²⁰⁰ (Carroll Dunham), and put up six powders of the same, one to be given after each fit; but with strict injunctions not to give anything whatever unless it did have a fit. The last convulsion had been at seven o'clock that morning (they came sometimes during sleep, and sometimes when the child was awake), and in due course another should have occurred somewhere between noon and two o'clock that afternoon. The dose of *Arnica* was given about ten o'clock, A.M. The child slept quietly through the afternoon without a convulsion; in fact, it has not had one since it was given that single dose of *Arnica*²⁰⁰.

On February 24th, the mother called, with the child, to report progress. Professor F. S. Bradford was in my office, and heard the story of the mother, that the child was now good-natured, no longer cried when its position was changed, had not had a fit since seven o'clock on the morning of the 20th inst., and had had no medicine since the dose I gave it.

Here is a state of things. Scientism has decided that the two hundredth attenuation of a drug contains no element of that remedy, and is as inert as the vehicle with which it is made. And the scientific physician is abroad in the land. Nevertheless, this wretched pickaninny conspires with Fate, as it were, and recovers from a progressive, nervous complaint just in the nick of time, for the purpose of engendering a delusive confidence in a transparently unscientific folly. Or, shall we say

that the doctor psychologized this infant, perhaps unbeknownst to himself; or, that he so influenced the mother's mind, that she, through the subtle chemistry of her milk, worked this marvellous cure; or, shall we admit that Carroll Dunham was right in asserting that the two hundredth attenuation, as prepared by him, has therapeutic potency? Let the scientists decide.

CHARACTERISTIC SYMPTOMS.

BY DR. MOSSA, OF CONSTANCE.

(Translated from the *Hom. Monatsblätter* of January and February, 1881, by Horace F. Ivins, M.D., Philadelphia.)

HAHNEMANN gives us in his *Organon*, § 153, this excellent advice, when searching for the specific homœopathically indicated remedy, to keep one's mind fixed, especially, upon the striking, particular, uncommon and characteristic conditions and symptoms—in short, characteristics—of the disease. As one sees in almost every affection, and in almost every medicine, some general and uncertain conditions, as for example, loss of appetite, headache, debility, uneasiness, restless sleep, it is better to give less attention to these general and uncertain symptoms, unless they are particularly prominent. Patients might also take this advice when sending a report of the symptoms of a case to a homœopathic physician, if requiring a prescription.

The homœopathic physician who has done much prescribing for patients at a distance, well knows how few characteristic indications he can gain from a description of the condition, even though pages have been written about the conditions existing, and he rejoices when he at last discovers a characteristic symptom, and cries aloud as did Archimedes: I have found it. When we possess one such characteristic in conjunction with those of a more general nature, we have the first sure indication of the remedy to be selected, then by comparing the several remedies which are very similar in their action, we can decide upon the proper remedy for the case in question.

The difference between the homœopathic and allopathic method of selecting a drug suitable to the case is strikingly manifested in the care and choice with which not only the estimation and realization of the disease symptoms are investigated, but also the precise indications for the selection of the drug symptoms.

A symptom which possesses no value for the old school,

whose physiological interpretation of the knowledge of health and disease leaves him in doubt, that is to say, the changes in the nerves of sensation are often classed by the allopathist with hypochondria or hysteria, whereas for the homœopathist they become of inestimable value. The stone which they cast away may become, for us, a corner-stone of therapeutic treatment.

Of this fact, which has its existence in the foundation of homœopathy, I was recently vividly reminded while reading an interesting case which was published in the *Prager Monatsch. für Homö.*, etc., XIth volume, April, 1883, and which I will reproduce for my readers. The journal was formerly published by Dr. Altschul.

Frau v. S., an aged lady, wasted almost to a skeleton, but still active in looking after the interests of her lands, of quarrelsome disposition, developed ostensibly as a consequence of a violent fit of anger, a salty taste in the mouth which she at first attempted to overcome by rinsing the mouth with water, and later by various sweet and sour decoctions, but all in vain. This salty taste grew stronger and more troublesome day by day, and all food, even highly sweetened, coffee and tea, tasted so salty that it was nauseating to her. Even the most appetizing food, such as is usually prepared with salt, tasted like herring brine. In order to lessen the caustic sensation of the lips, she held between them a linen rag which she frequently wet with water.

After she had been treated for two months by three different physicians, and they had prescribed every kind of bitter and other remedies without any success, she decided, as she said, to try homœopathy before she died.

Dr. Schleisteher, whom she consulted, found the lips pale-red, the entire mucous membrane of the mouth and tongue gray-white, as though macerated in vinegar; the teeth were all gone. The pharyngeal mucous membrane was also pale, almost dry; the saliva was tenacious, thick, scanty and of such a salty taste, that even the water in which she dipped the linen, became as saline as though a large quantity of table salt had been mixed with it. Chewing and speaking did not increase the secretion of saliva. After drinking, the salty taste was somewhat diminished, but returned almost immediately. Water held in the mouth assumed instantly the salty taste; rinsing the mouth gave no relief. Swallowing was difficult, and the larynx felt as if constricted; a troublesome sensation of dryness in the pharynx. She had a good appetite, and was sometimes even ravenous, but nothing tasted good, and when

eating often had a distaste for food. Great thirst for cold water; stool only once in four or five days, hard, crumbly; sleep little and very restless. Pulse small and 58 per minute.

Dr. Schleisteher gave first of all, *Carbo veg.* one drop of the 6th in water, every four hours, but as after three days' use no improvement was noticeable, he studied the *Materia Medica* diligently and found that the majority of the symptoms were recorded under *Alumina*, clay. The patient then received five pellets of *Alumina* 6th, every four hours. In four days she could swallow easier, the aversion to food had disappeared, because the salty taste of the saliva was so slight. The food usually prepared with salt, was now prepared without and tasted natural.

After two weeks' use of the medicine—gradually lessening the dose—the normal taste returned, and even her sugared drinks again tasted good.

Here we have a series of characteristic symptoms objective as well as subjective, but above all stands the salty taste of the saliva and food. It was not alone the sensation of the patient, but it had its existence in the real increase of salt in the saliva.

This is a very exceptional case, that may never be repeated in medical literature. This prominent symptom first led to the choice of *Carbo veget.* which has in its proving a marked salty taste in the mouth and of the food. It should have given relief if longer given. Under *Alumina*, I find only indicated a sour-salty taste, during one day of the proving; but the condition of the saliva, the great dryness of the mouth and throat, the sensation of constriction in the larynx, the sluggishness of the alimentary canal which depended upon the desiccation of the alimentary mucous membrane, even the original cause—together with the violent anger attended by excitement—we find well marked under this remedy, consequently it was well chosen.

Several years ago I treated a lady suffering from a severe foetid ulceration of the mouth; the gums were swollen, bled easily from contact; the tongue heavily coated, salivary secretion increased; all drinks and food, even the mildest, seemed to her oversalted. Several five-pellet doses of *Carbo veg.* 30th soon relieved.

Likewise an elderly maiden who suffered from hæmatemesis, and who was treated allopathically until she was at the point of death, complained of immoderate salty taste of everything taken. In this case, next to *Nux vom.*, *Carbo veg.* was of most service.

There is, besides these, a number of remedies, which have produced the salty taste, all of which may be included in this class of affections.

We find salty saliva under both Antimonium crud. and Hyocyamus.

Merc. sol. Hahn.: salty taste in mouth, but especially on the lips, on the tongue for several days at a time; from the sublimite it appeared in the mouth two hours after the proving was begun. From Nux vom. one prover soon noticed a salty taste on the tongue; from China a salty and sweet-salty taste appeared. From Antimon. tart. a salty taste; from Sulph. early in the morning, after the mouth had been very dry, better after eating. Calc. carb.: salty taste in the mouth and much thirst. Baryta carb.: salty taste in mouth and throat. Carbo veg.: increase of annoyance from anything salty; also Arsen., Calcarea, and Lycopodium.

Turning now to other secretions, the salty condition of these appears to us important in diseases of the pharynx or larynx, particularly of the œsophagus and trachea. The mucus is salty in Bovista, Cocculus, Lycopodium, Sambucus, Sepia; again a salty, sometimes slimy, sometimes muco-purulent expectoration, in Ambra, Lycopodium, Magnesia carb., Natrum carb., Pulsatilla, Phos., Sepia, Stannum,—from Natrum mur., strange to say, none of these symptoms are noticed; this indicates that the aforesaid appearance is to be ascribed rather to a nervous irritability than to a real chemical alteration of the secretions.

The deeper we delve into the depths of the homœopathic Materia Medica pura the more jewels we find. That is made clear to us by the venerable von Bönninghausen, who understood, as did few others, how to read between the lines of our medical literary treasures. In his Glossary (?) [*Glossen*] on the aphorisms of Hippocrates we find many excellent discoveries which he has made. He relates the ileus-like suffering which he himself endured, and of which he fortunately cured himself by the aid of the remedy of his discovery—Thuja. The seat of the uncommonly painful disease was the right hypogastrium; for fourteen days there had been no stool. The circumstance which called his attention to the use of Thuja was the absence of perspiration on all save the uncovered portions of the body, where it was very marked, while the covered parts were dry and hot. A small amount of the remedy in the 30th potency produced, as he relates, in five minutes an alleviation of the pain, and in ten minutes a free

passage, and immediately after a refreshing sleep, from which he awoke the following morning as one new born.

That was a fine master-stroke, one will say; but the pious man thinks; who sincerely seeks God will prosper. By the peculiarity of the perspiration alone, von Bönninghausen has brought to light several characteristics, from these provings, which he has found verified in practice. If the perspiration—in consumptives—appears immediately on the patient's going to sleep, but ceases soon afterwards during sleep, Arsen. is indicated; but if it continues unchecked during the entire sleep, Phos.; if it appears only when awaking, and changes to dry heat so soon as the patient sleeps, this is an indication for Sambucus. Further he has stated that if the perspiration appears on the genitals, as it often does from those weakened by onanism, it is characteristic of Sepia if the perspiration appears less marked during motion than directly afterwards at the time of the rest which follows.

What significance motion or rest has on the amelioration or aggravation of an affection, so far as indicating the choice of a remedy is concerned, is already well known. But we will satisfy ourselves with some characteristic indications as to the saliva and perspiration as explanations for that which we referred to at the beginning. Finally, let me warn you not to forget or undervalue the general and collective conditions of the disease in your zeal to determine the special and individual ones.

CONSTIPATION IN TYPHOID FEVER.

BY PEMBERTON DUDLEY, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of Philadelphia County, February 11th, 1886.)

THE occurrence of constipation in typhoid fever, and particularly in its earlier stages, is not a very rare symptom. The sluggish condition of the bowels may precede the apparent or visible onset of the disease, may persist for some time after the disease is well established, and may even follow the malady throughout its course. It usually happens, though, that the condition gives way at some time during the disease, and is followed by diarrhœa more or less profuse and exhausting.

Both constipation and diarrhœa are regarded with intense interest by the physician, because of the exhaustion consequent upon the latter symptom, but also, and very largely, because these symptoms are believed to furnish significant indications

respecting the existence and progress of the characteristic intestinal lesions. It is especially in relation to the latter point that I wish to speak.

The presence of a persistent and profuse diarrhœa in typhoid fever is, to the attendant, always an occasion of serious concern, because this condition, far more than constipation, is believed to indicate, or possibly to aggravate, the inflammatory and ulcerative lesions of the intestinal tissues. Constipation is, therefore, universally regarded as a favorable prognostic sign, and the early suppression of diarrhœa an object of earnest endeavor. Yet constipation, one would think, might have almost as serious a significance in some typhoid fevers as it certainly has in acute inflammations of the deeper intestinal tissues and in peritonitis.

There are two things that must be noted in intestinal inflammations: *First*, that where the lesion involves either the muscular layer or the peritoneum, there may be, and frequently is, an almost entire arrest of peristalsis, particularly when the inflammation is quite extensive: and *secondly*, that these deeper inflammations are not nearly always attended with either intense pain or intense tenderness; indeed, in numerous instances, both these symptoms are entirely absent. How many a case of peritonitis has thus misled the diagnostician, and revealed its presence only through an autopsy. And numerous cases of extensive lesions of the muscular and mucous coats have likewise concealed their presence behind this absence of pain and this arrest of peristalsis.

It is well known that the characteristic enteric lesions of typhoid fever may involve a very small proportion of the mucous structures (indeed, they may be almost entirely absent), or they may extend over a large surface. It is also admitted that the higher up in the intestinal tract a lesion occurs, other things being equal, the less likelihood is there of diarrhœa. Next we must remember that, while it often happens that ulceration and its preceding inflammation may begin near the free surface of the mucous membrane, and gradually extend to the subjacent tissues, it may also happen that nearly or quite the whole thickness of the intestinal wall may be rapidly, or simultaneously, brought under the inflammatory action. Suppose, now, that this latter condition should exist—the lesion deep enough to involve the mucous, the muscular, and, perhaps, even the peritoneal layer, and that a large tract of the intestine should be involved—in such a case there is

strong probability of a complete arrest of peristaltic movement, with constipation as an attendant, and, moreover, a more rapid destruction than usual of the tissues involved.

On Monday, December 21st, 1885, I was called to Miss Katie S., æt. 17, a pupil of the Girls' High School, black hair, clear complexion, and who had evidently been in the enjoyment of fair health. For several weeks she had complained of an almost constant sense of fatigue, particularly on rising, but no other marked symptoms were observed. I found the temperature and pulse somewhat elevated, bowels quiet, slight thirst, tongue clean and, I thought, not too red, no headache, some sense of muscular fatigue, and a somewhat marked tenderness in the epigastric region, but in no other portion of the abdomen. During the following days the pulse ranged from 104 to 116, and the temperature from 102° to 103.5° —in one instance it reached 104° . The skin was dry, tongue dry, and subsequently red and fissured, lips dry and red, and these conditions of the mouth continued three or four days, and then made a decided change for the better. At the same time, the gastric soreness subsided, and finally disappeared altogether; this latter was about the eighth day. But the temperature and pulse exhibited no change. The appetite was, of course, poor, though nourishment was taken at regular intervals, and apparently digested. My diagnosis was "gastric fever." There was no coating on the tongue, no sordes on the teeth and gums, no headache, no delirium, no cough, no epistaxis, no diarrhœa, no tympanites, no characteristic eruptions, no gurgling in the iliac region, and positively no sensitiveness to pressure over any portion of the abdominal surface, except in the gastric region as above mentioned. I made frequent efforts, as I expressed it to one of her friends, "to find typhoid fever," but was entirely unable to do so, though I was not unaware that the continued high temperature, after the subsidence of the local symptoms, might possibly indicate serious lesions somewhere. On the night of the ninth day restlessness supervened, with anxious expression of the face, delirium, followed, early on the morning of the tenth, by a free and unremitting intestinal hæmorrhage, which, in five hours, ended my patient's life.

Is it not probable that the case was one in which the local intestinal lesions gave rise to the same symptoms and conditions that we so often find in non-typhoid inflammations of muscular and other structures of the bowels?

ON THE OVERGROWTH OF SURGERY IN GYNÆCOLOGY AND OBSTETRICS.

BY J. NICHOLAS MITCHELL, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

ON looking over the journals of the Old School of a few years ago, and searching particularly into matters referring to the diseases of women, the reviewer will be rewarded by finding, that the great panacea for the sufferings of women during their menstruation was to cut open the cervical canal. Everybody apparently had tried or was trying it. Here and there could be found an opponent, but most were its advocates. It was the fashion. Passing on to a few years later, it will be found that there came forth an edict from one of the great authorities that laceration of the cervix was the cause of most of the difficulties that woman is subject to, and from that time the journals began to change and the proceedings of society meetings to alter their tone. The fashion had changed. First the great operators reported their operations, then the lesser lights took it up, and finally it became so well known to woman herself, that after every labor, the poor creature, tired and worn out with her efforts as she was, instead of asking the time-worn question, "Is the baby all right?" true to her instincts of accepting the last fashion, gasped out with her first returning breath, "Am I torn?" Judging simply from the literature as found in the journals, at this time, one could but determine that the repairing of lacerations following labor, to say nothing of those resulting from the erring knife of the surgeon during the cutting epoch, was the main duty of the gynæcologist. Let this reviewer, however, carry on his investigations for a few years later, bringing them down to our own times, and he will find cause for still more wonder. He will discover in these later days that the uterus apparently has but little to do with the sufferings of poor woman. (Understand, I am speaking of the literature as found in the journals, not that in works devoted to this specialty.)

A new idea has grown! a new prophet has spoken! a new fashion has been inaugurated. That which stamps the greatness of a man, in these later days, is his ability to report that he has opened up the abdomen of a woman and has removed therefrom her ovaries and, according to one great authority, that not sufficing, her Fallopian tubes likewise. Not satisfied, as of old, with operating for ovarian tumors, the present calls for this operation for all varieties of troubles, whether

disease of the ovaries and tubes be certainly diagnosed or not, so that it makes one half believe that the law to the gynecologist of the present day reads like the whist player's famous rule; when in doubt—cut open the abdomen and remove something. If nothing can be found to remove, sew your patient up again, no harm can result from such a small operation. One authority, in a recent work, speaking of the removal of the ovaries, says, that he always removes both ovaries whether they are both diseased or only one, in sterile women. Besides giving his own reasons for such a proceeding, he adds this as a legitimate reason; because he has found so many of his patients, when he had removed but one ovary, regretting it as they feared lest the other might, some day, become diseased. This serves to demonstrate how thoroughly woman can adapt herself to the changes of fashion. It also makes one wonder that this same surgeon does not propose to perform this operation upon all new-born female babies as a prophylaxis to all the ills they *might* possibly suffer from.

This same operator when speaking of the advantages of Battey's operation, says with great unction: "This operation in no wise unsexes a woman or changes her appearance or character. It simply brings a change of life, etc. Her instincts and affections remain the same," etc., etc. In fact after reading what he says, one feels inclined to think that the operation is one to be longed for by women, that it is, as it were, a kind of a finishing touch and an added polish.

In turning to the study of obstetrics in our journals of the present day, we find the same longing after big operations. The reports of cases abound where forceps version, craniotomies, and Cæsarian section are performed. We find that some, not satisfied with the removal of the child by this latter operation, now advocate the removal of the uterus and its appendages likewise. In the Old School literature of a few years ago, the treatment of puerperal diseases seemed to be reduced to the simplest method in the world. Use your thermometers, said the authorities, if fever comes and a high temperature supervenes, give an antipyretic! In quinine, in large doses, say from 15 to 30 grains or more, you will find your remedy. After its administration down will go your temperature! Behold and see how simple and how beautiful! If the temperature again rises give some more quinine. The best criticism of this apparently easy method of treatment, can be found in these immediately later days, when many eminent and experienced authorities are advising against the large doses of the past;

when new antipyretics are being sought after in Salicylic acid, Kairin, Resorcin, Thallin and Antipyrin. A still stronger argument is found, in the fear that obstetricians have of puerperal fever, since, now they advise their patients to be treated during labor as antiseptically as though undergoing not one of nature's laws but some major surgical operation.

In this brief method I present, not unfairly, as I believe, the kind of literature presented to us in this present generation. Any article treating of these minor ills of women that we encounter in our daily practice, seems too puerile to publish. The results of such literature upon the coming man, the physician of the future, the student of the present, can but be detrimental. It must impress upon his mind, that to be great and famous he must do all these things, and his hero frequently is the man among his acquaintances who has most frequently done them. This was brought home to me recently. A student asked me how many times I had done the Cæsarian section, and I could see how rapidly I fell in his estimation when I replied that I had never done it. As a mild matter of self defence, I told him that he reminded me of a patient whom I attended in her first confinement, who confided to me that when she was a girl she thought that the way women had their babies was, that the umbilicus began to dilate and when it had opened to its utmost the physician cut it and drew out the baby.

Returning, however, to our imaginary reviewer of the journals, let us imagine him to turn over the back files of the homœopathic journals. What will he find there? During the epoch of cutting open the cervix, does he find the operation recommended? I trow not. On the contrary, he will find it most strenuously opposed; he will find the journals full of cases illustrating the cure of dysmenorrhœa and of other female ills, by the homœopathic remedy and by it alone. As he brings his reading down to the sewing-up age, however, he will find, at first, here and there isolated cases reported, then societies taking it up for discussion, until at last the homœopathic gynæcologist had apparently come to look upon this operation as the great thing he had been ordained to do. And now, in these immediately later days, he will find creeping into the journals, descriptions of Battey's and Tait's operations, so that one can safely prophesy that it will soon abound. Gradually there have dropped from our literature all clinical cases. All is surgery. Once in a while we find some one writing apparently with the spirit of old. We find some one perchance speaking against

pessaries, but in looking further on in the article, we find that rubber pessaries are what the writer means, for in place of the rubber pessary, which he decries as contrary to the principles of Hahnemann, he fills the vagina more or less full of pledgets of cotton. Perhaps we read a heading of an article advocating a certain remedy in certain diseases, we eagerly look through the article for the symptoms indicating the remedy, for a history of its proving, perchance, if it is a new remedy. It may be our interest is still more whetted by having noticed the magic 2^d sign, and we are thereby still further led on to look for and reach after the specified symptoms. Shades of Hahnemann! As we get further on, we find no symptoms given, but find the disease is treated by name and, perchance, that Baptisia, Hydrastis, Sanguinaria or some other drug has been applied to the os and vagina, while this without-mentioned-symptoms remedy is given in the 2^d by the mouth and the cure claimed for it.

In homœopathic journals of late years, I have sought for but have found but few cases of puerperal diseases reported as treated by the homœopathic remedy alone. Such as have come under my eye have not been, in many cases, reported with sufficient clearness to give them claim for scientific accuracy. Most of the cases seem to be looked upon from the standpoint of the Old School obstetrician, and antipyretics and antiseptics are the remedies advocated, with here and there an homœopathic prescription. These cases, like those referred to where pessaries are decried while cotton is advocated, and where the potentized remedy is prescribed by the mouth, while crude drugs are applied to the os, makes one wonder somewhat whether Holmes' suggestion, that ministers are often like birds supplied with a nictitating membrane, by which they can keep out, not all, but part of the light, may not apply to some of us homœopathic physicians.

Finally, I would not have it appear that I thoroughly condemn or ridicule the operation I have referred to, nor that I lay claim to such purity in practice, as to authorize me to criticize the individual practice of any one. As is well known I operate and hold myself ready to operate, which of itself would contradict any apparent ridicule on my part. I have no doubt that there are many occasions where lacerations of the cervix have to be repaired; I have no doubt that ovarian tumors should be removed by operation; and I believe that there are diseased conditions of the ovaries and Fallopian tubes that call for Battey's or Tait's operation; but I do protest

against the tendency of the present day to the too frequent resort to these operations, to them too frequently being the subject matter in our journals and to the apparent neglect of the study of medicines in the diseases of women. The question must force itself forward, Are the homœopathic remedies useful in the diseases of women? If they are, it will be of great service to truth and to science that the cases treated by them be published, not simply giving a bald statement of the disease by name, but the peculiar symptoms, with the course of the disease from day to day if acute, with temperature and pulse charts, or from week to week or from month to month if chronic.

And as a final exposition of my meaning, I will quote a remark of Dr. A. J. C. Skene: "In the crop of gynæcologists coming up at this present day, we find nearly all of them thirsting for fame by operations like hysterotomy and ovariectomy. It would be well if there were more who could be called physicians."

FERRUM IODATUM IN UTERINE DISEASES.

BY ISAAC G. SMEDLEY, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE object of this paper is to revive in the minds of the profession a very valuable remedy in uterine therapeutics, and one we rarely see in print or hear spoken of in discussions, that is Ferrum iodatum. In 1850, Dr. Henry Preston read a paper on this remedy in uterine disease before the Rhode Island Homœopathic Society, and in the July number of the *British Journal of Homœopathy* for 1867, appeared an article from his pen on Fer. iod. in uterine displacements. Dr. Hughes makes reference to this paper in his lectures on *Materia Medica* before the London School of Homœopathy. In Allen's *Materia Medica*, appear a few general symptoms of this drug, but none on its special uterine action.

With these few exceptions, I know of no printed authority on the subject, and I hope that this paper may elicit some experiences of this, in my hands, most valuable remedy. The late lamented Prof. Farrington made provings of the drug on four different subjects, and developed the following symptoms, kindly furnished me by Prof. Betts, who has, I know, frequently used the remedy, from a number of talks with me on the subject, and who will, I trust, give us some valuable hints on it to-night.

The symptoms which Prof. Farrington found it to produce were:

"Bearing-down pains in pelvis, with feeling as if the uterus descended so as to be pushed up when sitting.

"Starchy leucorrhœa.

"Pressure on the rectum.

"Menses were more painful than usual."

Prof. Betts finds it most useful in pale, anæmic, and, especially, scrofulous subjects, or when chlorosis and scrofulosis are associated.

Nearly the same observation was made by Dr. Preston, though I find it to act equally well in other cases.

It is a favorite remedy of Dr. Neidhard, I understand, in cases of prolapsed uteri.

The most prominent clinical symptoms of the remedy I have found to be: Bearing-down pains, weight in the pelvic region, sensation as if something were being pushed up when sitting, and pressure on the rectum.

The pathological conditions favoring it are: Enlarged subinvolved uteri, retroversion, and prolapsus.

The following are a few cases selected from several in which its administration seemed to be quite beneficial:

Mrs. K., widow, æt. 38 years, five children, first consulted me on June 2d, 1883; had been suffering for a number of years with a uterine affection,—in fact, ever since the death of her husband, whom she had nursed, and whom she was compelled to lift about. She had backache, bearing-down pains, sensation of something coming down in the pelvis, which was pushed up when in the act of sitting. Frequent attacks of diarrhœa, accompanied with colicky pains, following anything that caused fright or worry. Physical exploration revealed the perineum lacerated to the sphincter ani, the vagina capacious and subinvolved, the cervix lacerated bilaterally, the uterus retroverted and subinvolved, the sound showing its depth to be three inches, and a prolapsed ovary, the great bugbear to a gynæcologist. By the application of glycerine tampons, tincture of iodine to the cervix, and hot vaginal douches, the uterus was reduced to the normal size, but the dilated condition of the vagina and the torn perineum, together with the sensitive prolapsed ovary, made it impossible for her to wear a pessary, and so the backache and bearing-down still remained. Various remedies were given, but finally *Fer. iod.*^{3x} relieved her of all her symptoms. She occasionally returns

with her bowel symptoms, but the old remedy soon makes her all right again. I have not made a physical examination for over a year.

CASE II. Mrs. H., æt. 35 years, married; one child, 7 years old. A seamstress by trade, and hence compelled to run a sewing-machine, consulted me about the first of last April complaining of backache, bearing-down pains, profuse menstruation, occurring every three weeks; flow thick, dark, and clotted; profuse leucorrhœal discharge, whitish and glairy in character, indicative of a cervical catarrh, together with a full list of nervous disorders which usually accompany uterine disease, most prominent of which were palpitation and pain in the region of the heart. On examination, the parts were found in a similar condition to the former case. The same local treatment was conducted as in the other, until the uterus was reduced in size, and with her it was also impossible to wear a pessary comfortably. During the early stages of the treatment, Bry.³⁰, and later, Nux vom.³⁰, were administered as the symptoms indicating those remedies made their appearance. Finally, Fer. iod.^{3x} was given, and continued until her symptoms were all removed, although the uterus is still in a slightly retroverted condition. The patient continued her sewing all through the treatment. She is feeling quite well, except an occasional backache from over-exertion, which a few doses of the remedy soon relieve.

Other cases treated have shown equally good results, but the foregoing will serve to illustrate the line of action of the remedy. Thus far I have only used the drug in the 3x trituration, but it is possible that if it were employed in a higher attenuation its sphere of action might be extended.

A CASE OF REMARKABLE ASYMMETRY OF THE LEGS.

BY CLARENCE BARTLETT, M.D., PHILA.

MISS —, æt. 23 years, consulted me at the Dispensary for Nervous Diseases in January, 1884. She requested an opinion respecting a deformity of which she was the subject. Since birth, the right lower extremity had been smaller than the left. While the deformity did cause some alteration in the gait, still this was not so great as one would expect to see. The following were the measurements of the two legs:

	Right.	Left.
Circumference of thigh,	17 $\frac{1}{4}$ inches.	18 $\frac{1}{4}$ inches.
Length of thigh,	16 "	16 "
Circumference of calf,	10 $\frac{3}{4}$ "	12 $\frac{1}{4}$ "
Length of leg,	9 "	11 $\frac{1}{4}$ "
Length of foot,	7 $\frac{3}{8}$ "	9 "
Instep,	11 "	11 "

It will thus be seen that the deformity was below the knees, that is in the legs proper. The shape of the right lower extremity was as perfect as that of its fellow. Every muscle was perfectly developed and responded normally to both faradism and galvanism. Every motion and every function of the limb were normal. She denied ever having an attack of any trouble simulating palsy during infancy or since that time. Everything in the case pointed to the correctness of her claim that the deformity was congenital; and that it was one of development and not from disease.

CORRESPONDENCE.

FRAGARIA VIRGINIANA.

TO THE EDITOR OF THE HAHNEMANNIAN:

DEAR DOCTOR.—The article by Dr. Horace F. Ivins, published in the HAHNEMANNIAN, on the effects of the strawberry, leads me to write you that five or six years ago, urticaria was quite prevalent in this city during the strawberry season. So much so that, when Dr. P. P. Wells broached the subject at one of the meetings of our County Medical Society, it was learned that the prevalence of the eruption was noticeable and had been observed in the practices of several of the physicians who were at the meeting. This circumstance suggests the probability that the berry is more irritating some seasons than others.

I have a friend who cannot eat strawberries without the production of gastralgia and other gastric symptoms. His, no doubt, is a case for the trial of Dr. Swan's high potency, on the isopathic basis. Unfortunately for my desire to thus experiment, he is allopathic in his predilections.

Truly and fraternally,

E. HASBROUCK.

Brocklyn, New York, March 14th, 1886.


[April,

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editor, *Business Manager,*
PEMBERTON DUDLEY, M.D. BUSHROD W. JAMES, M.D.

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 The Editor is responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors.

Editorial.

INTUBATION OF THE LARYNX.—Any new measure calculated to supplement those already in vogue, for alleviating the sufferings or saving the lives of the little victims of diphtheritic or of membranous croup may well be received with joy. Notwithstanding the benefits derivable from homœopathic medication and the sometimes successful performance of tracheotomy, there still remains much to be longed for in the treatment of these affections. In 1858 Bouchut, and since that time others, have endeavored to substitute intubation of the larynx for tracheotomy, but with poor success, evidently due to the faulty construction of the instruments employed. Trousseau gave the procedure his unqualified condemnation. Experiments, observations, and experience of a recent date, seem to put this operation in a different light and show that it is an invaluable means of saving life.

The credit of improving the instruments and manner of operating in intubation of the larynx belongs solely to Dr. Jos. O'Dwyer, of New York city. The tubes which he uses range in length from $1\frac{3}{4}$ to $2\frac{1}{2}$ inches. Their transverse section is elliptical in shape, and measures $\frac{1}{8} \times \frac{1}{4}$ of an inch in the largest and about half this in the smallest. At the upper end of each tube, is an eye for the insertion of a silk thread when the tube is being introduced. The use of this thread will be

seen later. The narrow diameter of the tube is made to occupy a transverse position in the larynx after introduction. To insert the tube, an instrument known as the applicator is used. The tube is held to the applicator by a jointed obturator, the lower extremity of which is perfectly rounded and fits exactly the opening in the lower end of the tube. The handle of the applicator is provided with a thumb-piece by which the obturator may be released after the tube has been placed in position. For removing the tube, we have another instrument called the extractor. This is constructed on the principle of a dilator. To remove the tube, the closed blades of the extractor are passed into its lumen. They are then separated and made to press so firmly against the sides as to hold it securely during its removal.

To introduce the tube, which is done without anæsthesia, Dr. O'Dwyer gives the following directions: "The child is held upright in the arms of a nurse, and the gag inserted in the left angle of the mouth, well back between the teeth, and opened widely; an assistant holds the head, thrown somewhat backward, while the operator inserts the index finger of the left hand to elevate the epiglottis and direct the tube into the larynx. The handle of the introducing instrument is held close to the chest of the patient in the beginning of the operation and rapidly elevated as the canula approaches the glottis. As soon as the obturator is removed, and it is ascertained with certainty that the tube is in the larynx, the thread which is attached for the purpose of removal, should it be found to have passed into the œsophagus, is withdrawn, but at the same time the finger is kept in contact with the tube to prevent its being also withdrawn." The removal of the tube is accomplished in a similar manner, but here an anæsthetic should be used.

This being the operation of intubation of the larynx, as proposed by Dr. O'Dwyer, it yet remains for us to see the results obtainable by it in actual practice. Unfortunately, Dr. O'Dwyer's paper (*N. Y. Med. Journ.*, vol. xlii., No. 6) does not speak of his clinical experience as much as his reader would wish. The first case on which he operated, was that of an infant, aged three months, and in the suffocative stage of diphtheritic croup. The child was given immediate relief, but died seventeen hours later without suffering. The second case was also one of diphtheritic croup in a child three and a half years of age. She made a rapid recovery with complete restoration of the voice. On the seventh day after the operation, the

tube was expelled after a fit of coughing, but was not inserted again, although the cough continued croupy for several days. During all the time that this little one had the tube within her larynx, she talked frequently with her attendants, although in a voice not above a whisper. In a third case, a boy, aged four years, the tube was coughed up immediately after its introduction. A larger one was inserted and retained. Death ensued twenty-four hours later with as much suffering as if an operation had not been performed. To prevent expulsion of the tubes in future, Dr. O'Dwyer increased the narrow diameter of the tube at the centre so as to make its transverse section at this point almost circular. This modification he has used in several cases and has so far proved self-retaining.

The only results from intubation of the larynx as devised by O'Dwyer thus far published come from Chicago. On October 5th, 1885, Dr. F. E. Waxham read before the Chicago Medical Society (*Journal of the American Medical Association*, October 24th, 1885) a report of five cases of croup (whether diphtheritic or not is not stated). Of these, one died and one recovered, and the condition of the others was such that recovery could not be expected. The case that recovered was certainly in as precarious a condition at the time of operation as any patient ever rescued by tracheotomy. At a subsequent meeting of the Chicago Medical Society (February 1st, 1886), Dr. Waxham reported further that he had then operated on seventeen cases, eight of which made complete recoveries. The ages of the patients ranged from eleven months to five years. In the eight cases that recovered, false membrane was observed in every instance.

Dr. E. Fletcher Ingals, also of Chicago, has operated in two cases, but both of his patients died. The first was a child two years old in the last stages of diphtheritic laryngitis. The relief from the operation was as complete as it would have been after tracheotomy. The child died easily of respiratory failure thirty-six hours after the operation. The second case was a strong boy, aged five and a half years; his disease was membranous croup. Relief followed the operation, but, owing to the small size of the tube employed, was not as complete as would have been obtained by tracheotomy.

There still remains one more published case of intubation of the larynx to speak of, and we have completed our *résumé* of the clinical aspect of the subject. The patient was two and a half years old, and had acute catarrhal laryngitis. She was operated on by Dr. A. B. Strong, of Chicago, and with successful result.

The experience thus far at our disposal certainly shows that intubation of the larynx is as valuable a procedure in acute laryngeal stenosis as is tracheotomy; future observations and increased experience may show it to be even more so. The advantages claimed for it over tracheotomy may be stated as follows:

1. Parents will permit intubation much more readily than they will tracheotomy.
2. The operation is of so simple a nature that it may be performed by the physician with a little care and practice.
3. It can be performed more quickly than can tracheotomy, even though the latter operation be done by means of the improved apparatus now sold expressly for that purpose.
4. It is the best operation in cases of diphtheritic and membranous croup in children under three and a half years of age.
5. There is no wound to afford a source of additional infection.
6. It does not require the close attention of the tracheotomy tube.
7. The air before reaching the lungs is warmed in passing through the upper air-passages.
8. The patient retains the ability to cough, and so is enabled to expel collections of mucus from the trachea and bronchi. This cannot be done after tracheotomy.

As to the disadvantages of intubation of the larynx it may be said that they are held in common by it and tracheotomy. The causes of death in the cases so far treated have been the same as in others operated by the older procedure. Experience only can decide as to the field that intubation of the larynx is destined to occupy. At the present time this much may be said for it,—it has certainly saved the lives of very young children for whom tracheotomy would have been only a palliative measure. In other cases where the physician is aided by poor nursing on the part of the attendant it is by all odds the safer operation.

The result obtained by Dr. Waxham, who by seventeen operations saved eight lives, is a most excellent showing, better than is usually obtained by tracheotomy. The text-books usually give as the percentage of recoveries from the latter operation about one in three. This, however, in our opinion, places the procedure in a decidedly too favorable light; one recovery in ten would approach nearer the truth. Occasionally we see reports in our journals showing the remarkable success achieved by individual tracheotomists; thus Dr. Doughty, of New York, and Dr. Ransohoff, of Cincinnati, each reports having saved about half his cases. As we have already intimated, such results are phenomenal. Dr. A.

Jacobi, of New York, on the other hand, reports having seen fifty consecutive tracheotomies performed for diphtheritic croup without saving a single life. Still other operators of note have met with such poor success that they have abandoned the operation entirely in this disease. With many eminent physicians also, tracheotomy stands in poor favor, while from others it receives unqualified condemnation.

Intubation of the larynx certainly has a future before it. What that future may be, let our readers help to decide. Dr. O'Dwyer's instruments are manufactured and for sale by H. Keller of No. 106 West Thirty-seventh Street, New York.

The management of the patient as regards feeding, etc., is but little affected by intubation. The diet should be as little irritating as possible. Should there be any danger of the food entering the larynx the patient may be fed through a tube introduced into the œsophagus by way of the nose.

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.
—We had the pleasure—and, indeed, it was a pleasure—of attending the second annual meeting of the above named society at its recent session in the city of New Orleans. In our opinion it was a successful one in a number of important respects. First, the attendance was better than we expected; we counted twenty-seven physicians in the hall at one time, and there were probably between thirty and forty in attendance during the meetings. Secondly, the interest manifested, marked as it was at the beginning, seemed to increase steadily until the close of the session, which lasted three days. Thirdly, the papers and discussions were of that practical sort that speaks of earnest, conscientious work on the field, and which constitutes the best feature of any well-conducted medical society. The discussions were earnest and courteous, and were participated in, we believe, by every physician present. Fourthly, there was developed during the session evidence of an unexpectedly strong feeling of professional unity and personal friendship amongst those present—a feeling which promises much for the advancement of Homœopathy in the South, and bodes ill success for its enemies. Lastly, but by no means least, the social features of the occasion were most delightful. Dr. Belden and his accomplished wife and daughters entertained the physicians at their beautiful residence on St. Charles street on the evening of the second day of the convention. The occasion was one we shall long and pleasantly remember. Dr. Walter Bailly, Jr., and Mr. T. Engel-

bach, the pharmacist (who, by the way, is exceedingly popular with the New Orleans physicians), spared no efforts to make the occasion enjoyable to the visiting physicians, and their success in that direction was remarkable.

Just one word more. Those of us who have felt the least fear that the formation of the Southern Homœopathic Association had grown out of any spirit of indifference or disaffection toward the American Institute of Homœopathy may dismiss our apprehensions at once and entirely. We kept our eyes and ears wide open, and talked freely with all the physicians present; but we heard not one expression or intimation from any one of them which indicated any lack of interest in, or attachment to, the American Institute. While our Southern brethren would be glad to have the Institute meet with them occasionally, yet they recognize the necessity that has kept its meetings farther north, and few, if any of them, are finding fault with it. We have little need of concern on that score. They think as much of the Institute as we do, judging from their expressions in reference to it.

We expected to publish in this number a report of the New Orleans meeting, from advance sheets of the *Southern Journal of Homœopathy*, but at the time of going to press the copy had not arrived.

Notes and Comments.

A NEW JOURNAL called *Death*, devoted to suicide, homicide, funerals, etc., is soon to be published in Chambersburg, Pa. In the way of comicalities it will get away with *Life* every time.

THE HOMŒOPATHIC WORLD, for March, comes to us well saturated with sea-water, the result of the Oregon disaster. Fortunately for us, its sea-bath has not, beyond the thorough drenching it received, damaged it a particle.

SOME TIME AGO, a French journal told its readers that Americans made artificial oysters. Not to be outdone by foreign ingenuity, the *Union Pharmaceutique* advertises that a certain French oyster dealer offers both ferruginous and tar oysters for sale.

"MY POOR MAN," said the doctor, "you are dangerously ill. Is there any word you want to send to your friends?" "Am I really so ill?" asked the sufferer. "Alas! I can offer you no hope." "Very well, then," said the sick man, "just telephone for another doctor."—*Med. and Surg. Rep.*

THE SOUTHERN JOURNAL OF HOMŒOPATHY has put on a new suit of type and otherwise improved its "personal" appearance. We begin to agree with its editor in the opinion that it is "a handsome journal." Its success as a periodical of our school is almost phenomenal, and so, also, is the good it is doing.

DR. JOSEPH HOLT, President of the Louisiana State Board of Health, has resigned. He may be said to represent the "germicide method" as applied

to quarantine and in opposition to the old "detention and non-intercourse" method. Thus far his new method has met with no failure, and his resignation is to be greatly regretted.

A TERRIBLE OPERATION.—From the *New York Medical Journal*, we learn that a German surgeon, in a case of extensive carcinoma, "divided the clavicle at the junction of its inner and middle third. Raising the acromial end, and dividing the subjacent structures, hard sclerotic tissue was found surrounding the subclavian vessels. The artery and vein were tied separately near the scaleni, after separating with much difficulty the lymphatic glands infiltrated with carcinomatous tissue, which was continuous with the hardened ulceration in the chest and strongly adherent to the rib. This procedure occupied an hour, and it was followed by amputation of the arm and excision of the scapula and of considerable portions of the second, third and fourth ribs." The patient *did not get well*, but the surgeon survives,—hemp does not appear to be plentiful in Germany.

CHICAGO has another new medical journal. It is managed by men supposed to be homœopaths, yet its principles seem to be based on the same platform as that of our E. C. the *New York Medical Times*, inasmuch as it states in its salutatory that it believes that disease is sometimes cured by "similiars," sometimes by "contraries," and sometimes by neither. It is appropriately called the *Medical Current*. Whichever way the tide of medical opinion flows, there will the journal be. This reminds us very much of the country schoolmaster who was asked as to the political standing of the Board of Directors, and gave the following reply: "It will have to be mighty smart if it can change its politics quicker than I can."

A DIAGNOSIS INDEED!—One of our patients, affected with epilepsy, consulted a St. Louis quack by mail, and received from him the following reply. It is so replete with information, that we reproduce it here for the benefit of our readers.

"DEAR SIR: Yours at hand. I herewith desire to inform you that the patients complaint is semi-catalepsy (eclampsie-minor). This sickness differs from the so-called epilepsy, and is much easier cured.

"The eclampsie convulsionem, or spells are caused by an undue amount of blood rushing to the head and heart. The blood being the positive cause of the spells—although the base of the sickness is seated in the gray marrow of the nerves centre. The patient has a swelling below the stomach, which obstructs a bloodvessel leading from the liver to the spleen, and causes this rush, the cause of this sickness is malarial uremie blood poisoning—the urine passing into the patient's blood. This will have to be cured through an eruption, which is soon brought about, after which the patient is as well as ever."

New Publications.

ARCHIVES OF GYNÆCOLOGY, OBSTETRICS AND PEDIATRICS. Published bi-monthly by Leonard & Co., 141 Broadway, New York. Subscription, \$3.00 per annum.

To specialists and to general practitioners alike this journal is one of interest. It does not aim to present original articles. It simply gives a complete resumé of the current literature on gynæcology, obstetrics and pediatrics. The editor of the Archives does not hesitate, when he finds a good thing in homœopathic literature, to make an abstract of it in his journal, and give credit for the same.

Each number contains 104 pages. The copy before us is well printed.

We think, however, that cut edges would greatly increase the convenience of handling it.

THE FIELD AND LIMITATION OF THE OPERATIVE SURGERY OF THE HUMAN BRAIN. By John B. Roberts, M.D. Philadelphia: P. Blakiston & Co. 1886. Pp. 80.

Dr. Roberts's essay on the surgery of the brain, of which the above is a reprint, was read before the American Surgical Society. It developed a long but intensely interesting discussion. The author makes a most earnest plea for the further extension of operative surgery of the brain, and gives the following as his platform of principles: 1. The complexus of symptoms called compression of the brain is due, not so much to displacing pressure exerted on the brain substance, as it is to some form or degree of intra-cranial inflammation. 2. The conversion of a closed (simple) fracture of the cranium into an open (compound) fracture by an incision of the scalp is, with improved methods of treating wounds, attended with very little increased risk to life. 3. The removal of portions of the cranium by the trephine or other cutting instruments is, if properly done, attended with but little more risk to life than amputation of a finger through the metacarpal bone. 4. In the majority of cranial fractures, the inner table is more extensively shattered and splintered than the outer table. 5. Perforation of the cranium is to be adopted as an exploratory measure almost as often as it is demanded for therapeutic reasons. 6. Drainage is more essential in wounds of the brain than in wounds of other structures. 7. Many regions of the cerebral hemispheres in man may be incised and excised with comparative impunity. 8. Accidental or operative injuries to the cerebral membranes, meningeal arteries or venous sinuses, should be treated as are similar lesions of similar structures in other localities. 9. The results of the study of cerebral localization are more necessary to the conscientious surgeon than to the neurologist. These propositions the author then proceeds to consider in detail. The second chapter he devotes to the subject of cerebral localization, while the third and last details the surgical treatment of intercranial disease. Throughout, the subject is well presented.

PUBLICATIONS RECEIVED.

PRACTICAL EXAMINATION OF THE URINE, by James Tyson, M.D., and COMPENDIUM OF HUMAN PHYSIOLOGY, by A. P. Brubaker, M.D. From P. Blakiston, Son & Co., Philadelphia.

BIO-CHEMICAL TREATMENT OF DISEASE, by Dr. Schüssler.

A SYSTEMATIC TREATISE ON THE PRACTICE OF MEDICINE, by A. E. Small, M.D. From Duncan Brothers, Chicago.

ENCYCLOPEDIA OF DRUG PATHOGENESIS, by Drs. Richard Hughes and J. P. Dake. From Boericke & Tafel.

TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY, by W. S. Playfair, M.D. A MANUAL OF AUSCULTATION AND PERCUSSION, by Austin Flint, M.D. A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD, by J. Lewis Smith, M.D., and A HANDBOOK OF THE DISEASES OF THE NERVOUS SYSTEM. From Lea Brothers & Co., Philadelphia.

Gleanings.

HYDRASTIS CANADENSIS IN UTERINE HÆMORRHAGE.—Dr. Nikolai A. Jivopistzeff states his experience of the therapeutic effects of fluid extract of *Hydrastis Canadensis*, which he has administered in over twenty cases of uterine hæmorrhage of various descriptions, that the best results from *Hydrastis* were obtained in cases of chronic and subacute hæmorrhage depending on an inflammatory condition of the uterine tissues and surrounding pelvic organs, as well as on displacements of the womb. In other words, successful results from the use of *Hydrastis* may be expected only in cases where the uterus is firm, enlarged, and tender; where its mucous membrane is inflamed, softened, or even ulcerated; or where there is some exudation around the womb. In all other cases, success is more or less doubtful. Thus, in cases of uterine fibroids and cervical cancer, the *Hydrastis* treatment utterly failed to control the bleeding. Dr. Jivopistzeff confirms the statement that *Hydrastis* produces a favorable influence on dyspepsia, which often accompanies diseases of the female sexual sphere. Under the treatment, digestion improves, gastric pain and tenderness disappear. The medicine was given in twenty minim doses, four times a day. —*Archives of Gynecology*, February, 1886.

TEST FOR HÆMATURIA.—Luchini (*Bollet. Farm.*) recommends the following method for the determination of the presence of blood in the urine: To three drachms of the suspected urine are added one drop of strong acetic acid and one drachm of chloroform; after agitation, the chloroform, which sinks to the bottom of the tube, will be more or less tinged with red if blood in noteworthy amount be present in the urine. —*Medical News*, January 9th, 1886.

A NEW OPERATION FOR THE ALLEVIATION OF PERSISTENT DEAFNESS.—The operation referred to in the above title, consists in puncturing or incising the drum membrane in from five to ten different places. Simple punctures are made, or the drum membrane is slit in various directions. The operation is repeated as soon as the openings in the drum membrane have healed. The size and freedom of the incisions must be determined after the first operation for each case. For the operation, Dr. William H. Bates employs a Graefe cataract-knife with a long shank. It is important that the knife be *sharp*, and to make this certain he often uses a freshly-sharpened knife for each puncture. Pain was avoided by this precaution. Cocaine was not necessary when the knife-blade was in proper condition. The result of this operation is to leave a number of cicatrices in the drum membrane; the subsequent contraction of these producing a tension by which the membrane is drawn out. The membrane frees itself from adhesions in this manner, and in many cases loosens the ankylosed ossicles. Dr. Bates then relates the histories of four cases of persistent deafness in which marked improvement followed the above-described operation. In the last case, that of a deaf-mute, the improvement was such as to enable her to hear conversation, and thereby to learn to speak. —*Medical Record*, January 23d, 1886.

REMOVAL OF FOREIGN BODIES FROM THE NOSE.—The presence of a foreign body in the nose is usually attended with marked swelling of the neighboring mucous membrane. Its extraction by any of the means in common use is accompanied with pain, often of great severity, and is often followed by copious hæmorrhage. The swelling offers, of course, a serious obstacle to the extrusion of a hard body, while one which has increased in size from the imbibition of water becomes all the more firmly impacted. Hæmorrhage and pain during the attempts at removal are serious compli-

cations. The use of Cocaine in these cases overcomes all the difficulties; for, applied to the nose, the mucous membrane becomes strongly retracted, the sensibility to pain is lost, and the bloodvessels exsanguinated. Thus, the calibre of the fossa is greatly widened, the irritation and consequent resistance done away with, hæmorrhage prevented, and the removal of the foreign body thereby greatly facilitated. To carry out the method, the occluded nostril should first be cleansed with a spray or a gentle current of some lukewarm alkaline solution, after which a four per cent. solution of Cocaine should be applied to the mucous membrane. When its effect has become complete, the extrusion of the body should be attempted by directing the patient to blow forcibly through the affected nostril. Failing in this, it should be drawn out by some suitable instrument.—*Medical Record*, January 23d, 1886.

RESECTION OF JOINTS IN INFANTILE PARALYSIS.—In three cases of infantile paralysis, with deformity, Dr. A. M. Vance excised the knee joint in two, and the ankle joint in one, with the result of giving the patients a serviceable though stiff limb in place of a useless one.—*Annals of Surgery*, January, 1886.

DEAFNESS AFTER CONFINEMENT.—Dr. Currier, of New York, reports a case of deafness in a young woman, occurring two days after a normal confinement. This condition became permanent. On examination, her hearing distance was found to be six inches, the normal being forty inches with the watch, and the tympanum was found perforated to the right of the umbo. The surface of the tympanum was white and thickened, as though new material had been deposited. No other cause than the labor could be elicited.—*N. Y. Medical Journal*, January 30th, 1886.

SUBCUTANEOUS COLD ABSCESSSES IN SCROFULOUS CHILDREN IN THEIR RELATION TO TUBERCULOSIS.—Koch's investigations showed that tubercular disease, wherever located, depended for its cause upon the presence of the spore *bacillus tuberculosis*, this being the evidence when found, of the tuberculous character. To determine whether or not the subcutaneous cold abscesses in scrofulous children were of a tuberculous nature, Giesler made numerous examinations of the discharges under the microscope with most powerful lenses, but only a single bacillus was found. Seven cases were then selected, and with material which was obtained from them, inoculation was practiced upon guinea-pigs and puppies, both by subcutaneous and intraperitoneal application. In all cases, only negative results were obtained, and the conclusion was reached that abscesses of this character, of circumscribed development, and developing from granulation tissue, do not depend upon the bacillus tuberculosis. They are manifestations of scrofula.—*Arch. Pediatrics*, January, 1886.

DR. DELMIS ON THE TREATMENT OF COUGH.—In the affections of the respiratory apparatus, cough is the first and almost constantly present symptom complained of by patients. It may present itself as a modality, but it is always painful. In pneumonia, bronchitis, pleurisy, etc., the patients bear bravely the oppression, the fever, and the stitch in the side; but that which fatigues them is the cough, of which they speak and complain, to the physician, without cessation, and of whom they ask—above all things—to be relieved as quickly as possible. It is the cough which, by its continuation and the frequency of its paroxysms, gives rise to the complications of whooping-cough and laryngitis. A simple, bronchial catarrh—with healthy lung tissue—may, under its influence, become very serious in an enfeebled patient.

It causes him to be troubled and anxious; prevents sufficient nourishment and finally occasions—on this account—progressive emaciation, and often

phthisis. It is, therefore, indispensable for the practitioner not to lose sight of this symptom which may become a formidable complication.

But, how shall we combat it successfully? M. Géraudel has solved this problem in a way as simple as it is practical, by the use of tar, the incontestable efficacy of which—in all affections of the air-passages—cannot be doubted by any one. The tar is reduced to a state of molecular division, so that the normal temperature of the mouth suffices to allow it to pass into a gaseous state. This gas, mingling with the inspired air, serves to modify the catarrhal affection.

Géraudel's pastels act only through the vapors of tar, which are thus carried directly even to the smallest bronchioles. They contain no other medicament; it is this which clearly distinguishes them from all other similar productions, which—in order to produce a sedative effect—contain more or less of some narcotic substance, such as Opium or Morphine. Therefore, they can be taken in full doses without any inconvenience. Even in children, they produce no unfavorable symptoms.

These pastels act promptly and well. They give the patient rest, and favor hæmaturia by diminishing the frequency of the paroxysms.

This is an excellent remedy, the value of which patients highly appreciate. It is daily gaining a more extended place in familiar therapeutics.—*Le Progrès Médical*, February 20th, 1886. H. F. I.

TRIGEMINAL COUGH.—Dr. Wille (*Schmidt's Jahrbücher*, No. 7, 1885; *Deutsch. med. Woch.*) draws attention to trigeminal cough, a name first given by Schadowald to a troublesome cough unattended by any disease of the respiratory organs. The cough is incessant night and day, and is brought on from the change of warm to cold, or *vice versa*, and strong smells. Sneezing and snuffling are constant concomitants, and can be brought on artificially at any time, as Schadowald has pointed out, by the most careful probing of the nasal passages. The cough is due to a pathological reflex action of the trigeminal nerve. It is closely allied to the normal function of those branches of that nerve that supply the nasal cavity, which, under slight stimuli, produce sneezing. The paroxysms of trigeminal cough have a marked resemblance to the attack of pure neurotic asthma, but the acme of the latter differs in duration and in the character of the respiration. It is remarkable that authors who have treated asthma by cauterization of the swollen turbinated bones with good results, have never mentioned the close kinship between neurotic asthma and the changed reflex action of the nasal branches of the trigeminus. In accordance with the starting point of the cough, one may divide it into nasal, pharyngeal, and auricular. The cough induced by changes in the external ear-passages is not a vagus cough, as has been hitherto held, inasmuch as that part is supplied by the auriculo-temporal, a branch of the trigeminus. The nasal variety is the most frequent of the three. In all cases of obstinate coughing in which no organic lesion of the respiratory organs is to be found, a trigeminal neurosis should be looked upon as the cause. Dr. Wille holds that the swelling of the turbinated bones has nothing to do with the cough, as held by many authors. Even polypi do not play an important rôle. If there is no neurosis of the trigeminus, there will be no paroxysmal cough, even in the presence of those growths. Treatment that is not directed to the neurosis will be of no service. To obtain a good result, it is not necessary that the nasal cavity be cauterized by every tyro; the mere occasional passing of a sound, a little roughly, into the nasal passages so as to draw a little blood, is all that is required. The efficacy of potassium iodide in neurotic asthma is explained by the supersecretion of the nasal mucous membrane that that remedy produces. This increase of secretion washes away any irritating matter that may be affecting the neurotic nasal branches. The best treatment for trigeminal neurosis, is weak currents of electricity. In mild cases, nasal douches

with steam and the internal administration of potassium iodide are sufficient.—*N. Y. Medical Journal*, February 6th, 1886.

DOUBLE COMEDO, DUE TO A HITHERTO UNDESCRIBED ANOMALY OF THE SEBACEOUS DUCTS.—Dr. Ohman-Dumesnil describes two cases of double comedo. Both patients were of Jewish extraction, and both had had syphilis. In both cases, the unusual eruption occurred on the back, which was also well covered with acne. The comedones, in both cases, were well marked, the skin not being elevated at the sites where they existed. The distribution of these comedones was all over the back, though inclined to be discrete. One peculiarity of the distribution was, that many of them were apparently in pairs, the distance between such varying from one-eighth or less to about three-sixteenths of an inch. If the skin between the two points was carefully examined, it felt as if there was something beneath of a cylindrical shape, of a diameter a little in excess of that of an ordinary pin, and apparently lying horizontally. By bringing somewhat firm lateral pressure upon one of the comedones in the direction of the other, the latter projected somewhat, and, by continuing the pressure, both follicles were emptied, and a double "comedo" was the result; that is there was but one plug, and that was black at both extremities. Taking a fine probe and introducing at one opening, it was found that it appeared at the other opening.—*Journal of Cutaneous and Venereal Diseases*, February, 1886.

CHRONIC CAFFEINISM.—Guelliot says that Coffee, taken in large and repeated doses, produces: 1st. In man, loss of sexual appetite, and impotence. 2d. In woman, leucorrhœa; its action upon menstruation is slight, and it has no effect upon fertility and pregnancy.—*Analectic*, January, 1886.

ACUTE TUBERCULOSIS SUPPOSED TO HAVE ORIGINATED FROM ARSENICAL POISONING.—Dr. T. M. Holmes reports the case of a negress, aged 7 years, who was poisoned with Arsenious acid. She recovered from the acute symptoms, but never was in good health afterwards, although she had been in perfect health prior to the poisoning. Her family history was excellent, no relative having died of phthisis. On seeing her a few weeks after the poisoning, Dr. Holmes found her with high fever, a hacking cough, difficult breathing, great emaciation, feeble pulse, constipated bowels, etc. She only lived a few days. An autopsy showed a tubercular condition of all the abdominal viscera.—*Atlanta Med. and Surg. Journal*, February, 1886.

CHOREA AND TYPHOID FEVER.—That typhoid fever may abolish chorea is a well-known fact. It does not seem to be so generally known that typhoid fever may originate chorea. Rilliet and Barthez (*Lancet*) have observed the development of chorea in a patient who was ataxic after typhoid fever. Benedict has also described a tremor of the head with unilateral convulsions. Nothnagel and Elstein have witnessed choreiform disorders consecutive to pyrogenic fever. But if chorea may be regarded as of rare occurrence during convalescence from typhoid fever, it is extremely rare during the actual course of the disease. Piper has recorded the case of a girl, aged sixteen, who was attacked with typhoid fever, from the first commencement of which, involuntary movements of a foot were observed. On the ninth day, however, chorea was fully established, apparently as the result of a violent emotion caused by the receipt of the news that her mother had just died from enteric fever. From the description, it would appear that the chorea was general and severe. It lasted altogether ten days, and during the whole time considerable pyrexia was present. The fever ran a normal course and convalescence ensued naturally. There was a systolic murmur of obscure character, which finally disappeared. The dependence of the chorea on the cardiac lesion was regarded as out of the question.—*Medical Record*, February 6th, 1886.

THE GELSEMIUM HABIT.—Dr. H. C. Caldwell reports the peculiar case of a man who became addicted to the use of Gelsemium. In an attack of rheumatism he took large doses of the fluid extract of Gelsemium, which was soon followed by relief, and the next day was repeated under similar circumstances with the same result. Using it for some time in this way, he became addicted to the habit, and finally used as much as a fluid ounce of the extract at one dose. He became pale, emaciated, restless, and uneasy, and was a subject of hallucination. This condition continued to increase until he became finally almost idiotic, and the dose being daily increased, until after a year, he sank into a condition of hopeless idiocy, and died in a stupor induced by this drug.—*Therapeutic Gazette*, January, 1886.

LOCAL EFFECTS OF BRUCINE.—From experiments made with a five per cent. solution of Brucine, Dr. R. W. Seiss arrives at the following conclusion: 1. He has twice applied the solution by means of a tuft of cotton on a cotton holder to painful furuncles of the external auditory canal. In both cases, marked relief was noticed in from two to four minutes, which lasted for some hours, when the pain slowly returned as before. Skin in these cases not broken. 2. In cases of painful *suppurative otitis* of the middle ear the solution gave some relief in all cases; very marked relief from pain lasting for a number of hours, in one-third the cases. In these patients the solution was passed on the cotton down to the fundus of the canal, and the raw and often bleeding surface carefully and thoroughly mopped. 3. He has used the Brucine solution a number of times in sensitive conditions of the auditory canal to render the use of instruments painless. In about one-half the cases it reduced the sensitiveness of the canal, while in the other half no results of any importance were obtained. 4. He has also found Brucine useful in lessening or entirely abolishing the pain and burning caused by applications of Iodine, Nitrate of silver, and the like to the mucous membrane of the throat and nasal passages. 5. In one or two cases of *burns*, the solution has proved valueless. 6. Painted along the line of incision, before opening a shallow abscess, it did no good whatever, the patient suffering as much as usual. 7. Used on the external surface of the body, the five per cent. solution has proved of no value whatever.—*Therapeutic Gazette*, January 15th, 1886.

THE VISCERA IN EPILEPSY.—M. Vulpian has communicated the results of certain experiments undertaken with the view of explaining the effects produced upon the action of viscera by epileptic seizures. He has induced fits of this kind in the dog by stimulating certain points of the sigmoid flexure. A few seconds after the convulsions began, the heart-beats and the respiratory rhythm became slower, the latter even to absolute cessation, which was ascribed by M. Vulpian to a special excitation of the respiratory centre, analogous to that produced by faradization of the central end of the pneumogastric or superior laryngeal nerve. In the dog, also, as in man, there is increase of the salivary secretion during the attacks. The amount of bile excreted is also in excess of normal, while the passage of urine, on the contrary, is arrested. In a curarized animal, it is possible to provoke epileptic attacks, which are limited in their manifestations to the internal organs. The phenomena then apparent do not differ from those observed in the same regions during ordinary attacks of epilepsy. After the paralysis of the motor nerves of the voluntary muscles, the effects of stimulation of the nervous centres continue to travel along the still available visceral nerves, and to give rise to modifications of heart action, contractions or dilations of vessels, and of the pupils, contractions of the intestines and bladder, alterations of secretion, and the like.—*Quarterly Compendium of the Medical Sciences*, January, 1886.

REFLEX OCULAR SYMPTOMS IN NASAL AFFECTIONS.—In his consideration of this subject, Dr. E. Gruening excludes ocular affections due to an extension of catarrhal disease of the Schneiderian membrane. There are in addition to these, certain ocular symptoms which may find their source in certain alterations of the nasal structures. Nasal disease has given rise to asthma, hemicrania and supra- and infra-orbital neuralgia. Reflex ocular symptoms, for instance, lachrymation, conjunctival hyperæmia, photophobia, may be readily obtained by touching certain parts of the Schneiderian membrane with a probe, and *vice versa*; reflex nasal symptoms, for instance, sneezing, may be evoked by exposing certain irritable eyes to a bright light. Now a certain group of ocular symptoms, namely, lachrymation, sensitiveness to ordinary light, and redness of the eyes, are presented by many patients, and yet an examination of the eyes reveals no anomaly. In many of these cases the trouble may be a reflex from nasal disturbance, the nasal trouble frequently being of a mild character. In fact, obstinate eye symptoms may exist and be dependent on disease in the nasal passages, without the presence of any subjective nasal symptoms. To illustrate his remarks, Dr. Gruening reported several cases in which treatment directed to the eyes failed, while that directed to the nose succeeded.—*Medical Record*, January 30th, 1886.

INFLUENCE OF GLASS UPON THE DECOMPOSITION OF MEDICINAL SOLUTIONS.—It has perhaps never occurred to physicians that the discoloration, or occurrence of precipitates in certain solutions, is due, sometimes, to the chemical quality of the glass containing the medicine. E. Mylins has directed attention to this fact in the *Pharmaceut Central halle*, and ascribes it to the quantity of alkalis, soluble not only in warm, but also in cold water, present in the glass of some vials. It is known that solutions of tartar emetic occasionally become cloudy on account of the precipitation of oxide of antimony in certain specimens of white, clear, glass. The spoiling of collyria consisting of solution of sulphate of zinc, nitrate of silver, etc., and the opacities of some solutions of morphine are said to be due to the same cause. But the greatest amount of alkalinity is possessed by certain kinds of brown vials with large mouths. A physician had ordered a solution of morphine (one part to two) which was dispensed in a vial of this kind. In twelve hours he returned the liquid for filtration. The filtered solution showed again a precipitate after twenty-four hours. He then came to the conclusion that the fault lay not in the morphine, but in the containing vial, and he was further confirmed in this belief when he found that the same solution retained its clearness in a partially clear glass. A further experiment showed that in a solution (1-20) kept in a brown vial, the entire quantity of morphine was precipitated in the space of three months. The *Pharmaceutische Post*, therefore, warns glass manufacturers only to produce such glass as is sufficiently insoluble to retain neutral solutions for months without change. A one per cent. solution of tartrate of antimony ought to remain clear at least one month.—*Cincinnati Lancet-Clinic*, January 30th, 1886.

UNILATERAL EXTIRPATION OF THE LARYNX.—Opportunities for the successful unilateral extirpation of the larynx are rare. Since 1878, when Billroth first demonstrated the feasibility of this procedure, but nineteen cases have been reported in medical literature; twenty if we include the one now reported by Dr. A. G. Gerster. The rate of mortality after the partial excision is 20 per cent., whereas that observed after total extirpation is 33 per cent. Complete cure, that is, freedom from recurrence of the removed cancer or sarcoma, together with a perfect, or nearly perfect, preservation of the voice and deglutition, is possible and has been achieved in a remarkable number of cases. Certainly, the tendency to recurrence is not larger than

after total extirpation, and with a very few exceptions, the external wound could be closed permanently, and the use of a tracheal canula was not needed for respiration, as was invariably the case after total extirpation. The power of deglutition was, in the main, well-preserved in all cases except one. In Dr. Gerster's case, the operation was performed for alveolar sarcoma. So far as the patient's well-being and comfort were concerned, it produced a marked change for the better. Sufficient time has not elapsed to determine whether or not the growth will recur.—*Annals of Surgery*, January, 1886.

HYPERTHERMIC SCARLATINA.—MM. Bloch and Nicente report, in the *Revue Mensuelle des Maladies de L'Enfance*, for October, 1885, the case of a nursing infant, five months old, who was attacked with scarlet fever. The eruption was well-marked on the chest and abdomen, scanty over the other parts of the body, and almost entirely wanting on the face. On the third day, the temperature rose to 109° F., and the child had convulsions. A lukewarm mustard bath was given, and the body afterward sponged off, while cold compresses were applied to the head. Within an hour the temperature fell to 107.4° and by evening was down to 103.8°. Four days later it was nearly normal. The child made a good recovery.—*Medical Record*, February 6th, 1886.

A PAINLESS ESCHAROTIC.—In Part VI. of the *Asclepiad*, Dr. Richardson refers to a remedial agent which he believes will play as useful a part in surgery as the ethylates and "colloids" originally introduced by him. This is oxalic ether ($C_6H_{10}O_4$), a colorless liquid, sp. gr. 1.090, boiling at 183° C., having a pleasant odor, but a decidedly biting taste. It dissolves readily in alcohol and in ethylic ether; it is also soluble in water to the extent of four per cent., but after a time, water decomposes it, alcohol and oxalic acid being formed. Potash and soda solutions convert it into alcohol and oxalates of the bases, whilst ammonia solutions convert it into alcohol and oxamide. When administered hypodermically, oxalic ether is decomposed at the point where it is introduced, and acts there perhaps exclusively, the action being to coagulate the albuminoid structures, and to produce almost painlessly, a free and dry eschar, without marked constitutional disturbance unless used in excess. Dr. Richardson looks upon oxalic ether as a destroyer of tissue rather than a caustic, and believes it will prove of service in application either by the brush or by needle injection for the removal of morbid vascular growths. It is prepared by the action of oxalic acid upon absolute alcohol.—*Medical News*, March 6th, 1886.

DIPHTHERIA WITH EXUDATION ONLY ON THE GUMS.—The membrane in diphtheria may form upon any part of the mucous surfaces. In a case reported by Dr. S. J. Radcliffe, of Washington, the deposit appeared *only* on the gums, but was accompanied by symptoms of acute pharyngitis and other local and systemic phenomena corroborating the general indications of diphtheria, its entire demeanor and sequelæ also indicating the nature of the disease. It is very unusual to have the deposit confined to so limited an area. The patient was a female, forty years of age. She recovered. The case was also interesting in respect of its ætiology. A sewer-pipe burst in the adjoining dwelling, flooding the cellar of that house, and the effluvia penetrated the walls and contaminated the air of the house in which the patient lived. Two days after this, she was taken sick, and this period was the beginning of the illness that prostrated her.—*Phila. Medical Times*, March 6th, 1886.

CANNABIS INDICA; AN INVOLUNTARY PROVING.—Dr. G. A. Renz, of St. Paul, Minn., took one-half grain of extract of *Cannabis indica* while suf-

fering from hemicrania. He ate his supper and then visited a patient. During the visit he suddenly realized that he had forgotten all about himself, his surroundings, and his patient. He was entirely unaware of how long he had been oblivious of all surroundings. At 7 P.M., he felt a peculiar light feeling in the head. His knee-joints felt as if they were frictionless hinges, and his legs, a weight of lead. He also had a strange feeling of numbness all over the body. It seemed an age since he had left his patient, nor was he certain that he had seen a patient at all. He next had a feeling of great satisfaction with himself and with all the world. He laughed without cause. Time passed slowly; one minute seemed like fifteen. Spaces between words spoken in conversation of others, seemed like a minute to him. He had spells during which he forgot his companion's presence. In answering remarks, he actually forgot the beginning of a sentence before he had finished it. His eyes were wide open and staring, and he had a vacant expression in his face. During the spells, he also had violent shiverings. In driving home, his horse seemed twenty feet away from him. The sides of the street seemed blocks away. Although the temperature was below zero, he did not seem to mind it as much as usual. When he retired he slept soundly. The effects of the drug did not wear off completely until noon of the following day. During the morning he found it difficult to concentrate his mind even on the reading of the newspaper.—*Northwestern Lancet*, March 1st, 1886.

FUNCTIONS OF THE THYROID GLAND.—Last year Horsley extirpated the thyroid gland of monkeys and dogs, and obtained results which led him to the conclusion that this organ exercises very important metabolic functions. He believes that the thyroid in some way transforms muciniform substances so as to make them available for further purposes in the economy, and he also produces evidence to show that the perfect formation of the blood is furthered by the presence of the same organ. It need hardly be said that Mr. Horsley was not the first to extirpate the thyroid gland from animals, nor was he the first to show that the symptoms thereby resulting belonged to the same category as those of myxœdema, cretinism, and cachexia strumipriva. But it was his chief care to prove that the loss of the thyroid was the *causa causans* of the symptoms, and that the likeness of artificial myxœdema to the other diseases just mentioned was something more than a mere similitude. If the gland be slowly destroyed by a chronic sclerosing process, leading to a gradual disappearance of the working tissue, then we have myxœdema lasting a corresponding length of time, and manifesting a suitable group of symptoms. Rapid removal of an organ cannot be expected to give us the same order of symptoms as its slow destruction. Mr. Horsley has found that monkeys deprived of their thyroids can be kept alive from four to six months by the application of artificial heat. This method not only prolongs the duration of life, but alters the mode of onset of the symptoms, and, indeed, tends to cause the disappearance of some of the symptoms of the early stages. It would be of much interest if it could be shown that a slowly-induced artificial destruction of the thyroid in monkeys gave an even more perfect resemblance between artificial and human myxœdema. It is not possible for an experimental pathologist to set up a chronic sclerosing process in the thyroid gland by means of a slow form of irritation, such as that caused by setons or by some other kind of continuous irritation. In contemplating the resemblances between the natural and the experimental diseases, allowance must be made for differences of constitution and for the time of life at which the removal takes place. Age exercises a very important influence in both the experimental and natural disease, for it is found that young dogs and animals die rapidly with a sort of convulsive group of symptoms; and Kocher's results on a man show that

age also is a powerful element in the production of cachexia strumipriva.—*Analectic*, February, 1886.

GLYCERIN IN PHTHISIS.—Glycerin, a triatomic alcohol whose formula is $C_3H_8O_3$, like all the alcohols, is a retarder of metamorphosis of tissue, and therefore a saving agent. It also exerts a direct and positive influence over the processes of nutrition. Is it simply by exciting the appetite and stimulating the gastric functions that it does this? Or is it by increasing the activity of organic combustion as established by the interesting researches of Catillon, who has verified under the influence of this agent a relative and absolute augmentation of carbonic acid in the air expired? Jaccoud thinks that all these elements unite to produce an effect of *eutropia*, very undebatable, indeed, since the increase of bodily weight is very manifest. If without altering the patient's diet and way of living we give Glycerin for fifteen days, in the form to be described, we will notice that at the end of this time the scales show an appreciable increase of weight, sometimes feeble sometimes strong, but always positive. If, after suspending the Glycerin for the following fortnight, we notice that a new weighing does not exhibit further gain, the Glycerin should be again given; at the end of another two weeks a return of the gain in weight will be made evident by the scales. It is very rare to find the weighing at the end of the first interval of rest equal to that of the first preceding period of administration of the remedy. All other circumstances capable of acting on the nutritive process having remained the same in these different periods of observation, it is obvious that the benefit obtained is attributable to the Glycerin, and that this substance possesses, like cod-liver oil, the property of accelerating nutrition and increasing the weight of the body. The fundamental action, the action which has been called *eutrophic*, is said to be common to both, but the Glycerin should always be preferred, since this substance, which is one of our best solvents, acts at the same time as a convenient vehicle for our remedies. The Glycerin for internal use should be perfectly pure, entirely neutral to reagents, completely colorless and inodorous, of a sweet, sugar-like taste. The daily dose should not be as large as that of cod-liver oil, in order to prevent the alcoholic effects which often reach to inebriation; 40 to 60 grams a day is the proper dose, reserving the maximum figure for persons who do not present any sign of *nervo-cardiac* excitability. Agitation, an unusual loquacity, and a persistent insomnia are signs indicative of excessive dose. A more precise criterion yet is the elevation of the temperature which is generally observed in individuals who take Glycerin for a few days in the said doses, but it does not exceed the average temperature of the period before the administration by more than one or two tenths of a degree. Within these limits, and even when reaching three tenths, the *hyperthermia* is simply an indication of the physiological action of the remedy which should not be taken into account. When, on the contrary, we notice a persistent elevation greater than five tenths of a degree; when, above all, we observe that this rise manifests itself more notably after a new course of medication, then we must retrograde, as we have then a sure indication of excessive dose. It will never be found that a dose of 40 grams daily in the adult will cause any inconvenience, even when given uninterruptedly for several months; but a dose of 50 grams occasionally and of 60 frequently will be found contraindicated, if not during the first month, at least at any time after. This is a fact which we should keep before us in giving Glycerin to consumptives. Glycerin can be given alone, but the addition of 10 grams of good brandy or whiskey to a daily dose makes it agreeable to taste, especially if we flavor this mixture with a drop of essence of peppermint. So palatable is Glycerin made by the addition of good brandy, and so efficiently does the latter aid its digestion, that even after several months of uninterrupted use not the least

satiety or aversion is experienced. The patient will take it without distaste two or three times a day, either at meals or during the intervals. I have been in the habit of giving a dose at bedtime, especially in the aged. And why? Because in old people, who are chilled on getting into bed, alcohol increasing, as it does, the heart's action, and so driving the warm blood of the interior more quickly to the cold extremities. It is hardly necessary to state that the addition of such a small quantity of brandy is directed principally to modify the insipidity of the Glycerin and to aid its digestion. It is not given for the object of alcoholic medication; the dose would be entirely too small for that; and besides the addition would be perfectly illogical, since Glycerin is an alcohol which unites the entrophic action to that of the ordinary alcoholic preparations. This combination of effects in this remedy is the advantage of its administration, which we should never forget when obliged to change to cod-liver oil.—*Extract from Jacoud's work on Phthisis.*

(NOTE.—I have been surprised at the beneficial results obtained by this substance in the above-mentioned form. In three cases under my care, the increase of weight and appetite was marked, and in another I am treating at present, the evening dose at bedtime always removes a very distressing night-cough. One of the former patients is actually in Cuba, enjoying comparatively good health, and by a letter recently received I learned that she has gained 38 pounds from the time she commenced to take the Glycerin in this city at the beginning of April last. I must not forget to state that I have often combined the indicated remedy with this mixture, and I have found no cause to regret it. By so doing, we do not only administer the remedy, but the pabulum wherewith to improve the dystrophic condition of the patient.—E. FORNIA, M.D.)

LEWININ, THE NEW LOCAL ANÆSTHETIC.—Lewin obtained from the root of the *Piper methysticum* a semi-fluid resin which he calls "Alpha Kawa Resin." Dr. N. A. Randolph, not liking the cumbersome title, suggests that in honor of the discoverer the resin be called Lewinin. When the semi-fluid Lewinin is placed upon the tongue, there is a momentary burning sensation with increased salivary secretion, followed by a local numbness which, while extremely superficial, is recognizable for more than an hour. Some pallor of the mucous membrane at the point of application is noticeable. Lewinin is too painfully irritating to apply in practice to the human conjunctiva. The extract will probably be of service in dental practice, as its application certainly mitigates the discomfort of operations on the teeth of those suffering from sensitive dentine. In cases where only superficial anæsthesia is required, as in rhinological practice, it is superior to Cocaine.—*Medical News*, March 13th, 1886.

TREATMENT OF ACUTE PROSTATITIS WITH VERY HOT WATER.—In the *Gazette Hebdomadaire* of January 1st, 1886, Dr. Reclus recommends compresses plunged in hot water and hot-water enemata as the par-excellence treatment of acute prostatitis. Reclus selects, of the numerous cases thus treated, the following as especially suitable to represent the advantages of this treatment: A physician, æt. 31, called for treatment on account of a dysuria vesicalis appearing at the end of a blennorrhœa. Examination of the parts revealed an enormous tumefaction of the prostate gland, which was felt as a large tumor by the finger inserted in the rectum. There was intolerable pain before and after micturition. Compresses immersed in very hot water and hot-water rectal injections were ordered, and almost instantaneously considerably diminished the pain, the vesical tenesmus, the tumefaction of the gland, and the other inflammatory symptoms. In three days a complete cure was effected by these simple appliances. A professor, æt. 56, called for treatment on account of a prostatic trouble necessitating urination

every couple of minutes, especially at night. As in the former case, there was tenesmus of the bladder, and also of the rectum; great pain and enlargement of the prostate gland, which could be found beating under the finger inserted into the rectum. Again the compresses were ordered to be applied to the perineum, and the injections to the rectum morning and night, and resulted in an immediate improvement and a complete cure within a few days. Both pain and the desire for frequent micturition never returned until a relapse occurred a year after, provoked by dietetic errors committed during a scientific congress, when the same means proved again successful. A young man was treated for a neuroma on the mastoid portion of the temporal region, when, after removal of the tumor by the bistoury and the healing of the wound by first intention, suddenly, no doubt by some metastatic process, a prostatitis set in. Retention of the urine ensued, which rendered the use of the catheter necessary, which of course was very painful. The hot-water treatment was ordered, and relieved in the course of four days both pain and tenesmus permanently. This equally simple and energetic treatment cannot be too well recommended as an efficient means to allay the inflammatory process, no matter whether of a circumscribed or a diffuse nature, and to prevent subsequent suppuration.—*Therapeutic Gazette*, February, 1886.

RESECTION OF GOITRE.—The published cases of so-called cachexia strumapriiva already number 35, to which Mikulicz adds another. But there are other evils which may result from total extirpation of the thyroid. Weiss, two years since, found thirteen cases of tetany, and Mikulicz has had four cases amongst seven operations. Wiebrecht's statistics, however, showed but three deaths from tetany. Again, Mikulicz cites three cases, two of his own and two of Obalinski's, where epileptic convulsions followed. A fourth evil is paralysis of laryngeal muscles. Hence, Mikulicz has in eight cases, in the last one and a half years, practiced what he calls a resection of the goitre. He illustrates with a case: Young peasant, *æt.* 16 years. Bad goitre. He had hoped to spare the right lobe, but since it proved to be partly substernal, he concluded to remove by resection. The growth was first freed as far as possible with blunt instruments; ligature of superior thyroid artery and vein, and of the superficial branches to the lower horn. The lobe was now cut with scissors from the ant. resp. lateral surface of the trachea, care being taken not to reach the recurrent nerve. At length the goitre only hung from the angle between trachea and *œsophagus*, just over the recurrent nerve and thyroid artery. This remainder, the hilus of the gland, he treated as he would a short, thick ovarian pedicle. An assistant compressed the entering vessels; the pedicle was divided longitudinally into several parts, each of which was seized with hæmostatic forceps and tied with catgut. It was then cut away leaving stumps 5 to 10 ctm. long; scarcely any bleeding. The remainder of the gland contracted to about the size of a chestnut. Primary union. Discharged in ten days. Reports up to seven months after the operation show an entirely satisfactory result. In five cases one lobe was extirpated, the other resected; in one both lobes were resected, and in two only the one goitrous lobe was resected. One was a case of Graves' disease; here rapid improvement followed. As yet he has observed no untoward consequence.—*Annals of Surgery*, February, 1886.

NERVOUS TROUBLES IN SLOW MERCURIAL INTOXICATION.—Slow mercurial poisoning gives rise to a certain number of nervous troubles which constitute the greater part of its symptomatology. These nervous troubles can be attributed, in part, to the presence of mercury in the nervous centres, where it has frequently been found, and, in part, to lesions of the cerebro-spinal system, which have been described by Wising. One of the most curious characteristics of these lesions is the persistence of the axis cylinder

in the altered regions. This last condition is found in the lesions of sclerosis in plaques, which, moreover, in its clinical features shows some analogies with cerebro-spinal hydrargyrosis. The nervous troubles of hydrargyrosis are: Disturbance of motion; trembling analogous to that of sclerosis in plaques; convulsive phenomena of various kinds (cramps, epileptiform attacks, etc.); choreic movements; apoplectiform ictus; paralyses presenting the features of paralysis of cerebral origin. Disturbance of sensibility: anæsthesia, presenting the features of anæsthesia of cerebral origin; painful phenomena, of which the most constant are the arthralgias and cephalalgias. Disturbances of a psychical nature, which are at first excessively emotional: disturbances of sleep, vertigo, and, toward the last, dementia very much resembling senile dementia. In general, these nervous disorders persist for a very long time; they may be greatly benefited, but only rarely can an absolute cure be obtained.—*Journal of Cutaneous and Venereal Diseases*, March, 1886.

News, Etc.

DR. AUSTIN FLINT, SR., the author of many standard old-school works, died at his residence in New York, at the age of seventy-four years. His death, which was sudden, was caused by apoplexy.

PRESENTATION TO DR. A. E. SMALL.—On the retirement of Professor Small from the lectureship he has held so many years, the students of the Hahnemannian Medical College of Chicago presented the veteran teacher with a badge of honor and a cane.

PERSONAL.—Ciro de Sussara Verdi, formerly of New Brunswick, N. J., has established himself permanently at Florence, Italy.

Dr. John L. Moffet, after an eight months' tour of the world, has resumed active practice at 17 Schermerhorn Street, Brooklyn, New York.

MR. RUDOLPH HERING, son of the late Dr. Constantine Hering, has been appointed chief of a Commission of Sanitary Engineers to examine into the drainage system and methods of water supply of Chicago, and to devise new means for their perfection. His salary is to be \$10,000 per annum.

OBITUARY.

DR. BENJAMIN EHRLMAN.

DR. BENJAMIN EHRLMAN, one of the oldest and best known physicians in Cincinnati, died at his residence at 3 o'clock on the morning of March 15th. He was a son of Dr. Frederick Ehrman, a physician in Wurtemberg, Germany, who also was the son of a physician, so that he came by his profession naturally. He had four brothers, Frederick, Christian, Louis, and Ernest, all practicing homœopathic physicians. The deceased was born March 3, 1812, at Jaxthausen, Wurtemberg, Germany, so that at the time of his death he was seventy-four years of age. In his twenty-first year he came to America, and soon after graduated at the Allentown Academy. Beginning life for himself, he practiced as a physician in Pennsylvania until his removal, in 1847, to Cincinnati, where he formed a partnership with his life-long friend and companion Dr. J. H. Pulte, during the cholera epidemic of 1849. The success of Pulte & Ehrman, especially during the cholera epidemic, was the principal cause of the firm establishment of homœopathy in Cincinnati and vicinity.

Since 1849 he has resided at 46 West Seventh Street, and practiced his

profession with great success. Throughout the United States he is regarded by the medical fraternity as one of the pioneers of homœopathy.

He was a member of the International Hahnemann Association, the American Institute of Homœopathy, and the Homœopathic Medical Society of Ohio.

In brief, Dr. Ehrman was one of the noted and great physicians of the country—a large-hearted, kindly man, whose services were ever at the disposal of the poor. He did a great deal of work for which he only received thanks.

The sons of the deceased gentleman are Albert H. Ehrman, a practicing physician, who was associated with his father: Benjamin F. Ehrman, attorney at law, and President of the Board of Elections, and George B. Ehrman, of the Faculty of Pulte College.

ACTION ON THE DEATH OF DR. B. EHRLMAN, CINCINNATI.—At the meeting of the Cincinnati Homœopathic Medical Society, held March 18th, 1886, at No. 305 Race Street, the following resolutions were passed:

The transmutations of Monday, March 15th, 1886, included the passage of Benjamin Ehrman, M.D., from the activities of this world.

Resolved, That in the death of Dr. Ehrman the Cincinnati Homœopathic Medical Society has lost a valuable member, the profession an able exponent and staunch defender of the truths of homœopathy, the city of Cincinnati a skilful, active and successful practitioner, and the world a man in the fullest and best sense of the word. Dr. Ehrman had his convictions and the ability and willingness to propagate the truths he entertained.

Resolved, That this Society extend to the family and relatives of the deceased its deep condolence and will mourn the great loss sustained. Dr. Ehrman's work has built for him a monument more enduring than that constructed of material. He will live in the loving memory of people, and his life of purity is a model for the world.

Resolved, That these articles be published.

J. R. GEPPERT, M.D.,	} Committee.
F. H. SCHELL, M.D.,	
J. J. MARVIN, M.D.,	
W. R. TENNY, M.D.,	
M. EATON, M.D.	

DR. JOHN R. READING.

DR. JOHN R. READING, whose death was chronicled in our last issue, was born in Somerton, Twenty-third ward, Philadelphia, November 21st, 1826. In this locality, his whole subsequent life was spent. He received a thorough general academic education and afterwards became the office student of Dr. David James, who was in successful practice in that vicinity. His collegiate education was obtained in the Jefferson Medical College of Philadelphia, from which he graduated in 1847. Soon after graduation, he entered into business partnership with his preceptor and engaged at once in the practice of homœopathy, which his preceptor had already followed some years. In 1855, Dr. James removed from the vicinity, leaving Dr. Reading in charge of the entire practice. This increased so much that for many years Dr. Reading was conceded to be the principal business physician of his section of the city. In 1868, Dr. Reading was elected by his fellow citizens of the Fifth Congressional District of Pennsylvania to be their representative in the Forty-first Congress. Although connected with the party usually in the minority in that district, yet such was his popularity with his neighbors that he obtained a small majority over his competitor. While holding his position as member of Congress he did eminent service on the Joint Committee on Retrenchment. This committee consisted of Senators Patterson, Schurz, and Sherman, and Representatives Walker,

Jencks, and Reading. From some investigations made upon the Pacific coast, their labors saved to the United States Treasury the annual sum of \$150,000. The results of his observations during his journey to and from California were embodied in several lectures which he delivered after his return. Dr. Reading's seat in Congress was contested by his competitor, and his party opponents being in the majority, the seat was given to the contestant during the term of service. It is not doubted by any of his neighbors, however, that Dr. Reading was honestly elected. Returning from his congressional labors he again engaged in practice, securing a larger and more lucrative business than ever before.

Dr. Reading was an earnest, laborious, and distinguished member of the Methodist Church, and was for many years a licensed local preacher of that denomination, though it has been said to his credit that all religious denominations of the neighborhood claimed him as their own. He was a senior member of the American Institute, and at the time of his death one of the vice-presidents of our State Society. He was regarded by the homœopathic physicians of Philadelphia as one of their representative men.

Dr. Reading from his boyhood had been subject to attacks of cardiac pain. Later in life these attacks usually came on during the night and were accompanied with more or less dyspnoea, which passed off in a few minutes, leaving him apparently unaffected in general health. The attacks, however, grew worse and came on at more frequent intervals. Several weeks before his decease an unusually violent attack prostrated him, and others following shortly afterwards, left him so weak in body that he was henceforth confined to his room. The pulse became weaker, the appetite was lost, emaciation followed, and he gradually sank, and died on the evening of February 14th, 1886, at the age of fifty-nine years. The autopsy revealed an accumulation of about a pint of fluid in each pleural cavity. The heart was enormously dilated, the walls of the left ventricle being reduced in thickness at one point near the apex to one-sixteenth of an inch; over this portion of the heart the pericardium was closely adherent. The cause of death seemed to have been a gradual weakening of the heart due to attenuation of the ventricular walls, the remote cause having been a myocarditis in early life, complicating pericarditis.

As regards the Doctor's moral and social qualities, as well as in reference to some of those characteristics which properly attend the life of the true physician, we prefer to give the language of one who knew him well and who was for some years his pastor, the Rev. H. A. Cleveland, who at his funeral services spoke as follows:

His soul was like a star, and dwelt apart, pure, majestic, and free. He taught us manners, virtue, power. In all his thoughts and relations with his fellow men, he distinguished between what is just and what is not perfectly just; and, with the refinements of a cultivated taste, he preferred what is best to what is not quite the best. Along life's common way he moved in cheerful dignity, and on his heart, in quiet promptitude, he laid the lowliest duties. He was always "the good physician," was always the unbending man of honor; always the refined and cultivated gentleman; always the devout and uncorrupted Christian; always the noble and enterprising citizen; always the faithful and sympathizing friend; always the skilful healer, and not less skilful consoler. "Canst thou minister to a mind diseased?" He could, and did. He was always the considerate and urbane, the kind and devoted son and brother, husband and father. He never behaved unseemly, nor rejoiced in iniquity.

To know him was to admire and respect him, to love and to rely upon him. You could not suspect him of treachery nor of baseness. He had but one face; how manly and beautiful it was. He had but one heart; how true and constant it was. You well know, in whose midst it beat for more than forty years without one stroke of falsity. You know that I do

not exaggerate the facts of him. It was not your politics, nor his, but the confidence and love of his neighbors that sent him to Congress. In this community, he was the Aristides of his profession. His "taking off" has brought a sense of orphanage to a thousand homes, and sent a pang of loneliness and a wail of mourning throughout all this vast region of country. The sick are less easy on their couches to-day, because he has gone from their sight. The strong and virtuous mourn the exodus from among them of a true friend to every good cause, and an example and stay to all youthful souls struggling for excellence and good report. In his presence, you felt sure that you would be stained by no uncleanness of thought or of speech; that you would be stained by no vulgarism; that you would be chilled by no censoriousness, and by no indifference. Standing by his tall and noble form, you felt both the felicity and the courage of real manhood.

Among the afflicted, breathing tenderest love for his fellowmen, he moved with the quiet grace and easy dignity of one who knew his art, and had the confidence of its office and functions. His manly bearing, and fitly chosen words, few and firm, yet tender and musical as the notes of a flute, made his presence in the rooms of the sick, of every class, a conscious benediction, bringing order into the surrounding chaos, light into the darkness, and peace and hope into the bosoms of the agitated, the confused, and the sorrowful. That he had a large, an ever-growing and successful practice, needs not be said. Blessed was the family that secured his professional attendance.

He had high ideals, and maintained a life distinctly his own, abiding close by the fountains of the eternal life. He carried his atmosphere and his temperature with him, and was little disturbed by the variations of heat and cold in the world of society and of opinions. He had a true and proper personality. In his own mind was an abiding constant. His refuge and strength was the kingdom of God consciously within him. He was always Doctor John R. Reading, and was always known as exactly such by those who knew him at all.

He was more than a sand-grain in the great social heap; more than a molecule in the indistinguishable multitudes that make up the flowing river of society; he was more than a tax-payer; more than a name in the census and the directory, and more than a vote in the convention and the caucus. He was no anonymity, but was individualized after the manner of royal souls. He had definite ideas and rational convictions of his own. He was a man. He had an intellectual conscience, a medical conscience, a political and Christian conscience. He did not float with the current; was no weather-spindle. And yet he was no bigot. He never adopted as a maxim, "What is new, is not true." He did not believe that wisdom was to be found only along the lines of his own method, and within the limits of his own conclusions. He was modest, tolerant, catholic, and neighborly. And yet, he adhered to his own faculties, and was loyal to his own seeing and thinking.

He was a distinctive and manly soul, granite and finely chiselled, and wreathed about with blossomed virtues, wearing modest colors and breathing sweet odors all their own. He could be depended upon. He could be revered and loved. He could not be despised nor hated.

Around the Great Sun he revolved in his own definite orbit, and was warmed and lighted by the fires that burn, inextinguishable, at the centre of things. To companion with him, was to feel the healthful flow and lift of those tides that issue from the Centre Heart. On that Great Heart by whom all things consist, and who keepeth our souls in life, he rested his own true heart, "as the white lily rests on the Summer lake," as the confiding child, on its loving mother's bosom.

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REMARKS ON THE ARACEÆ.

BY E. A. FARRINGTON, M.D., PHILADELPHIA.

(From an extemporaneous lecture, phonographically reported.)

TO-DAY I shall consider an order of plants known as the *Araceæ* by some, the *Aroidiæ* by others. It is a small order, but an exceedingly interesting one. These plants contain a very acrid substance, which, when it touches the skin or the mucous surfaces, produces inflammation with rawness and excoriation, and finally, ulceration. There is one member of the order, the *Diffenbachia* (supposed by some to be the same as the *Caladium seguinum*), from the broken root or stalk of which there exudes a juice, which, if chewed, causes a most frightful inflammation of the mouth, with quick development of white membrane and all the symptoms of stomatitis.

Araceæ {	Arum triphyllum {	Nitr. ac., Lycop., Amm. caust.
		Baptis., Apis, Ailan.
	Caladium	
	Dracontium {	Balsam of Peru.
		Pix liquida, Guaiac.
		Eryodiction.

ARUM TRIPHYLLUM.

The so-called "Jack in the pulpit" is the first drug in the order for our consideration. This drug has an interesting history. Some twenty-five years ago, there appeared an epidemic of scarlet fever, in the course of which, nearly every case that was not promptly checked in the beginning, died. The percentage of losses under homœopathic as well as under other

systems of treatment, was truly frightful. The reason for this was, we had no remedy which covered the symptoms of the epidemic. In a poor family, living in a small street, there were five children sick with this epidemic form of scarlatina. The physician who was called to attend them had lost so many cases under the usual remedies, that he thought it useless to have recourse to these. He thought it better to try something new. *Arum triphyllum* had only been experimented with to a certain degree, at that time, but still it had been known to produce certain symptoms which led him to the selection of the drug, which he administered in a low potency. All the cases recovered. It was afterwards prescribed in other cases during the same epidemic, and with marked success. From that time to this, *Arum triphyllum* has been looked upon as a valuable drug in the treatment of diphtheria, in malignant forms of scarlet fever, and also in other fevers having a typhoid form.

In *scarlatina*, we may use *Arum triphyllum* when these symptoms are present. There is an excoriating discharge from the nose and mouth, making the nose and upper lip raw and sore. The tongue swells; its papillæ are large and red, giving it that rough feeling comparable to the cat's tongue. The throat is very sore, and the tonsils are very much swollen. Often, too, there is a dry cough which hurts the child so much that he cringes under it and will involuntarily put the hands to the throat as if to modify the pain. The discharge from the mouth, too, makes the lips and surrounding parts of the face sore, cracked and bleeding, the saliva itself being very acrid; scabs form; the child will not open his mouth. He is excitable and irritable in mind as well as in body. Thus, you see that *Arum triphyllum* is an exceedingly irritating drug. The child is restless, tosses about, is cross and sleepless at night. The eruption may come out very well and there may be double desquamation. At other times, the rash is dark and imperfectly developed; the child picks and bores its fingers into its nose or nervously picks at one spot till it bleeds. In mild cases, the urine may be quite profuse, or if it is not, the appearance of profuse urination is a sign that the remedy is acting well. In very bad cases, however, those in which the malignancy shows itself in both the internal and external symptoms, you will find developed a perfect picture of uræmia, during which the child tosses about the bed unconscious and has this involuntary picking at one spot or boring the finger into the nose; and the urine is completely suppressed. The brain is very much irritated, as shown by the restless tossing

about and the boring of the head into the pillow. In such a case, *Arum triphyllum* may save the patient, although, at the best, the case is an exceedingly doubtful one.

I have never seen inflammation of the brain yield to *Arum triphyllum*, unless some one or more of these symptoms were present; either irritation about the throat, mouth or nose or else this peculiar picking or boring at the nose or at one spot till it bleeds. I think that it would be indicated only when the cerebral inflammation comes from the suppression of some violently acting poison, such as we find present in scarlatina or diphtheria. Nor would I think of giving *Arum* in *uraemia* if it arose in the course of ordinary Bright's disease. I do not think it would be the remedy unless the symptoms already referred to are present.

Arum triphyllum has a marked effect on the larynx. It produces a hoarseness which is characterized by a lack of control over the vocal cords. If the speaker attempts to raise his voice, it suddenly goes off with a squeak. With this symptom you may use *Arum* in clergyman's sore throat.

Possibly the most similar remedy here in this hoarseness and in this uncertainty of voice is *Graphites*, which is an excellent remedy to give singers when they cannot control their vocal cords; when they get hoarse as soon as they begin to sing and the voice cracks.

Another remedy is *Selenium*. The patient gets hoarse as soon as he begins to sing.

Now let us study for a few moments the analogues of *Arum triphyllum*; and first of all we will consider

Nitric acid. This was formerly the only remedy we had for scarlatina maligna. It has that excoriating discharge from the nose. No remedy has it more marked, not even the *Arum*. The discharge from the nose makes the nostrils and lips sore. This is attended with great prostration. The throat is extremely sore and is covered with membrane. This membrane is of a diphtheritic character, and is either dark and offensive or else yellowish-white. The mouth (whether the disease be diphtheria or scarlatina) is studded with ulcers, ulcers which appear principally on the inside of the cheeks, on the lips and on the borders of the tongue. This ulceration is accompanied by salivation, the saliva usually being watery and very acrid, and not thick and ropy. The pulse frequently intermits every third or fifth beat. This is a very bad symptom. Nitric acid is also preferable to any of the other remedies in diphtheria with these excoriating discharges when the

disease advances and affects the stomach (whether or not the membrane in these cases spreads to the stomach, I cannot say); when with great prostration and membrane in the throat and nose, there is distress and uneasiness referred to the stomach, with total rejection of all food.

Muriatic acid is still another remedy in these malignant cases of scarlatina and diphtheria. Under this remedy there is the most intense prostration. The patient seems to have scarcely life enough to move. He is worse at about ten or eleven o'clock in the morning. The mouth is studded with ulcers having a black or dark base and dipping deep in. They tend to perforate the parts on which they are situated. Often, too, with the *Muriatic acid*, you have the intermittent pulse of Nitric acid, but in addition to that involuntary stool and urine.

In addition to Nitric acid and Muriatic acid in cases having these dangerous groups of symptoms you will think of *Alcohol*. You will remember that Grauvogl found that diphtheritic membrane was dissolved and its growths destroyed by several substances, one of them being Alcohol; so this substance has become a remedy for diphtheria. Alcohol in the form of brandy and water tends not only to destroy the growth, but also aids in counteracting the terrible prostration.

Lycopodium is similar to *Arum triphyllum* in scarlatina and in diphtheria. It has a similar discharge from the nose, usually associated, however, with dull, throbbing headache at the root of the nose or over the eyes. The nose is so stuffed up that the child cannot breathe at night. The patient bores and picks at the nose just as under *Arum triphyllum*. You will find in the *Lycopodium* case that the diphtheritic deposit travels from the right to the left. The patient is always worse from sleep, even after a short nap. He suddenly awakens from sleep, crying out as if frightened; nothing can be done to pacify him. He is irritable and peevish. In still worse cases calling for *Lycopodium*, you will find the child unconscious and in a deep sleep. The lower jaw drops, the urine is scanty or even suppressed, and what does pass stains the bedding or clothing red and deposits a red sand. The breathing is rapid and rather rattling and a little snoring. Every symptom points to impending paralysis of the brain.

Ammonium causticum was first suggested by Dr. J. P. Dake for diphtheria appearing in the nasal cavities with a burning, excoriating discharge from the nose and great prostration. The symptoms above mentioned led Dr. Dake to use the remedy in an epidemic which appeared in Nashville, Tennessee.

Lastly, let me mention *Ailanthus*. The history of this drug is as follows: Dr. P. P. Wells, of Brooklyn, had two cases of poisoning in children. As he states, it would certainly seem that he had to treat malignant cases of scarlatina; but there being no such epidemic about at the time, he looked for other causes, and found that the little ones had been chewing the blossoms of the *Ailanthus*. This told him at once that the *Ailanthus* would probably become a remedy in scarlatina. He made provings of the drug, and found that the provings only confirmed what he had already learned from these poisoning cases. Since then this remedy has been used many times and successfully too. A year ago I attended a poor child with scarlatina. The child lay in a stupor with mouth wide open. The throat was swollen, the nose stuffed up, and what little rash there was out on the body, was dark and mixed with dark-bluish spots. I gave *Lycopodium* without any benefit whatever. The child grew worse instead of better. I then thought of *Ailanthus*, and gave it in the sixth potency, with the result of completely curing the child. I believe that the patient would have died had it not been for the *Ailanthus*. Wherein does *Ailanthus* resemble *Arum triphyllum*? It resembles it in the acidity of the discharges. There are exco-riating discharges from the mouth and nose, making the lips sore. We find a similar swelling of the throat, both inside and outside. So far as these superficial symptoms are concerned, you have identical cases. But there is a great difference to be recognized in the other symptoms. The *Ailanthus* patient becomes drowsy and lies in a stupor, hence it is indicated when there is present torpidity rather than the restless tossing about as under *Arum triphyllum*. The *Ailanthus* rash comes out imperfectly; it is dark-red or bluish, and is mixed with petechiæ.

Some little time ago, some members of the class requested that I should speak of the remedies useful in diphtheria; so, while I am on the subject of *Arum* and its analogues in this affection, I will take the opportunity to accede in part to that request.

Baptisia tinctoria, you know, has long enjoyed a great reputation in typhoid fever. It has lately been used in diphtheria, and in scarlatina also when the child is very much prostrated and lies in a half-stupid state almost like one intoxicated. The face is dark-red and has a besotted look, and the discharges from the mouth and nose are horribly offensive; so much so, indeed, that one might suppose that gangrene of the affected parts had taken place.

Rhus tox. we find indicated in pretty severe cases, when the membrane is dark in color and bloody saliva runs out of the mouth during sleep. These symptoms are associated with inflammation of the glands about the neck, with a dark, erysipelatous hue.

Phytolacca decandra we find useful when, in the beginning of the disease, there are creeps and chills and backache. The patient is weak, and feels faint when he sits up in bed. On looking into the throat you find it dark-red, almost purple. There is great burning in the throat, with aggravation from hot drinks.

Amygdala amara, when there are sharp, lancinating pains through the swollen tonsils. The palate and fauces have a dark-red hue, and the patient is very much prostrated.

Naja tripudians is to be administered when there is impending paralysis of the heart. The patient is blue. He awakens from sleep gasping. The pulse is intermittent and thready. Dr. Preston, of Norristown, has been very successful with *Naja* when the symptoms I have mentioned were present.

Apis mellifica is, I think, indicated in true diphtheria. From the very beginning the child is greatly prostrated. There is not much fever; in fact, there is a suspicious absence of heat. The pulse ranges from 130 to 140, and is very weak. At first, you find the throat having a varnished appearance as though the tonsils and fauces were coated with a glossy red varnish. The membrane forms on either tonsil, oftener on the right than on the left, and it is thick like wash-leather. The tongue is often swollen. If the child is old enough, he will complain of a sensation of fullness in the throat, which necessitates swallowing but making the act very difficult. The uvula, in fact the whole throat, is œdematous and swollen. The *rima glottidis* is swollen, red, and œdematous, making breathing difficult. In some of these cases the breath is very fetid, while in others it is not so in the least. In some cases there appears a red rash over the body; this rash greatly resembling that of scarlatina.

Arsenicum album is called for in rather severe cases of diphtheria when the throat is very much swollen both internally and externally, when the membrane has a dark hue and is very fetid. There is a thin, excoriating discharge from the nose. The throat is œdematous, just as it is under *Apis*. The patient is restless, especially after midnight. The urine is scanty. The bowels are constipated, or else there is an offensive watery diarrhœa.

Natrum arsenicosum is the remedy when there is a dark-purplish hue to the throat, with great swelling and great prostration and without much pain.

Kali permang. is useful when the membrane in the throat is horribly offensive. The throat is œdematous, and there is a thin discharge from the nose; the main characteristic of the drug being this extreme fœtor.

Lachesis is called for when the membrane forms first on the left tonsil and spreads thence to the right. How are you to distinguish it from other drugs which act in a similar manner? By the following symptoms: The symptoms are worse from empty swallowing, and they are often relieved by eating or swallowing solid food. There is a constant feeling of a lump on the left side of the throat; this descends with each act of deglutition, but returns again. Sometimes, on arousing from sleep there is a feeling as if there were needles in the throat, which creates suffocation. Sometimes, when the tonsils are very much swollen, fluids return through the nose. The fauces are of a dark-purplish color, and there is great prostration. The heart is weak in its action. There is aggravation after sleep, and the throat is sensitive to the slightest touch.

Belladonna is not a prominent remedy in diphtheria. When you do give it in this disease, make sure that it is the remedy or you will lose valuable time. It may, however, be the remedy in the early stages when the violence of the attack calls for it; when there is congestion of the head before the membrane has formed.

Other remedies than those just mentioned are frequently indicated, for example, *Kali bichromicum*, *Iodine*, *Bromine*, *Merc. bin.*, *Merc. cyan.*, and others. The indications for these you will get in future lectures.

CALADIUM SEGUINUM.

Caladium is indicated in stout persons of flabby fibre who are subject to catarrhal asthma, that is, asthma with the production of mucus which is not readily raised but which, when raised, gives relief to the patient.

It is a remedy to be remembered in spermatorrhœa or in seminal weakness, particularly in nocturnal emissions when there is complete relaxation of the organs, so that emission occurs without dreams, or if there be a dream it is entirely foreign to sexual subjects. So you see it is indicated in far advanced cases without erections.

DRACONTIUM.

I bring this drug before you in order to say a few words concerning the remedies similar to it. Dracontium has never been proved in the high potencies. It produces symptoms similar in nature to those of *Arum triphyllum*, only it acts on a lower portion of the respiratory apparatus than does that drug. *Arum* produces a laryngeal cough. Dracontium acts on the trachea and bronchial tubes, giving rise to a violent attack of bronchial catarrh, with rapid formation first of burning, watery discharge, and later, quick development of pus or muco-pus, hence it has as symptoms yellowish purulent discharge, with great burning and rawness, and other symptoms of violent inflammation.

Alongside of Dracontium I have placed on the board a list of remedies, some of which may be unknown to you. The *Balsam of Peru* must be remembered as an admirable remedy in bronchial catarrh when there is formation of muco-pus. When you place your ear to the chest you detect loud râles. The expectoration is thick, creamy, and yellowish-white. The Balsam of Peru is an excellent remedy, even though night-sweats and hectic show the disease to be progressing to an alarming condition. This drug I use in a low potency.

Next below I place *Pix liquida*, which is not only an excellent remedy in bronchial catarrh but also in phthisis pulmonalis. It is indicated by the expectoration of purulent matter offensive in odor and taste, and accompanied by pain referred to the left third costal cartilage (really in the left bronchus). This pain may or may not apparently go through to the back. In such cases, *Pix liquida* is the remedy. It is especially indicated in the third stage of phthisis.

Next to this I have placed *Guaiacum*, which is also to be thought of in the late stage of tuberculosis, when there are pleuritic pains referred to the left apex, and in addition offensive muco-purulent sputum.

Eryodiction Californicum (also called *Yerba Santa*) has as yet a very limited symptomatology, but it has been used successfully in what we may call bronchial phthisis. The patient has night-sweats, and the body wastes away. There is great intolerance of food. It is called for in phthisis the result of frequent bronchial catarrhs, and also in asthma relieved by expectoration.

GRAEFE OPERATIONS FOR CATARACT.

(Continued from page 158.)

BY W. H. WINSLOW, M.D., PH.D.

Ophthalmic and Aural Surgeon to the Pittsburgh Homœopathic Hospital.

CASE XVIII. A well-preserved, healthy American, a glass manufacturer, J. L., aged 66 years, of Mansfield, Pa., was blind in both eyes from cataract of the hard nuclear variety. The left eye was not mature, but he could barely see to go around. The right lens was well matured.

The eyes were otherwise healthy, except a broad arcus senilis and slight ciliary injection. Dr. Gangloff gave ether and assisted me. I made the usual operation.

When I drew out and cut off the iris, it tore away from the lower margin and left a band across the chamber, and the eye filled with blood so that I had to finish the operation more by sense of touch than by sight, as the blood continued to flow inside.

I got out the lens with difficulty, probably owing to too small an incision in the capsule and the inability to see well.

The case went along poorly. The fifth day, he had a chill and a well-defined attack of intermittent fever, which I had to treat actively. I discharged him at the end of eight weeks, well, but with $V. = \frac{15}{6}$. The eye looked clear, but there was polycoria, one pupil above and one below the band of iris, and this band acted queerly. When he looked down, the pressure of the upper lid moved the band downwards and diminished the lower pupil so that he saw with difficulty. When he looked up, the band moved up and obstructed the upper pupil. He could see best by turning his eyes upwards and getting indirect vision through the lower opening. Of course, this was imperfect and very unsatisfactory, so, after a few weeks, I introduced a lance-shaped needle and cut the band across its middle, and the two ends retracted beautifully, giving $V. = \frac{20}{9}$ Sn., with a + 14 D. This satisfied him, and he has kept this amount of sight since.

CASE XIX. A robust iron-worker, of English birth, J. H., aged 71 years, of Allegheny, Pa., had cataract of the hard nuclear variety in both eyes. He was pretty healthy, except in his scalp, which showed a number of spots that resembled eczema, which, perhaps, may have been specific, though he denied the history. A spot would come on the bald scalp like the early appearance of psoriasis, but the centre would break down into a ragged, bleeding ulcer, surrounded by epidermic scales and dried blood. He had been afflicted with the erup-

tion for years, but places would get well as other parts became affected. Much treatment had been given without effect.

The right eye looked the most favorable, and, without an anæsthetic, I made an excellent operation upon it, assisted by Dr. Caruthers. The lens came out slowly, but all the cortical substance was removed. The fourth day, erysipelas of an adynamic type commenced upon the right cheek and extended to the eyelids, the nose and eyeball, and a violent iritis supervened. Bell., Rhus, Arsen., Chin., Sulph., milk punch, beef tea and strong supportive treatment were given, while atropine was instilled freely and warm fomentations of hops and, later, poultices of slippery elm, were applied.

The wound in the eye healed slowly, but the erysipelas extended to the left eye and left side of the face, causing iridocyclitis, occluded pupil, and, ultimately, phthisis bulbi. As this eye deteriorated, the right eye improved, and the erysipelas being conquered in two weeks, I was able to discharge the afflicted old man at the end of eight weeks with $V. = \frac{15}{6}$ Sn., through a + 13 D. glass.

I kept him under observation a year, and his sight finally rose to $\frac{1}{4}\frac{5}{0}$, but beyond this he did not go on account of posterior synechiæ and pigmentary and fibrous deposits upon the capsule. He was finally carried off by pneumonia, three years later, able to see, I hope, "the mansions in the skies."

CASE XX. A strong, battered, rheumatic pensioner of the war of the Rebellion, W. V., aged 54 years, of Pittsburgh, had lost his right eye in 1862, during an attack of typhoid fever in an army hospital. There had been a corneal ulcer, prolapse of the iris, advancement of the lens, irido-cyclitis, choroiditis and subsequent atrophy. The bulb was about the size of a bean.

The left eye had been blind six years and showed hard nuclear cataract, no reflex, immovable iris, and vision for bright light close at hand only. There was no history of disease in this eye.

I operated without anæsthesia, or accident, assisted by Dr. Fleming, House Surgeon, and bandaged as fine a looking eye as I had ever ministered unto, but there was little sight.

The man made a rapid recovery, but was kept in the hospital longer than was necessary for his eye on account of an attack of gastritis, and was discharged at the end of three weeks with vision for fingers only. The ophthalmoscope revealed a clear coloboma, healthy vitreous, and extensive atrophy of the nerve and retina from old neuro-retinitis, which

had probably been induced by sympathy with the other diseased eye.

CASE XXI. A thin, feeble American gentleman, H. M., of Philadelphia, aged 61 years, blind one year, applied for relief of cataract.

The left eye had immature nuclear cataract, which had advanced far enough to seriously interfere with comfort. The right eye showed a hard, yellow, nuclear cataract. There were no other signs of disease in the eyes, and the general health was excellent.

The patient was etherized by my assistant and an operation was made without accident. The lens started slowly and seemed to adhere somewhat to the capsule, but a little more pressure and coaxing with the spoon brought it out without loss of vitreous. The corneal incision and iridectomy were large, and the cross incisions in the capsule were long enough.

One drop of Aconite tincture was given every four hours, and strict diet ordered. The Aconite was diminished after the first two days, the bandage was removed the fifth day, when firm union and clear black in the coloboma were noted. The eyes and face were washed in warm water, the cotton and a bandage reapplied for the sake of precaution, and the patient was permitted to sit up in bed. The eighth day, all dressings were discarded, the eyes were shaded, and the man was permitted to dress and sit in a chair, thanking me and the Lord that he could see once more.

A + 11 D. spherical glass gave him V. = $\frac{2}{3}\frac{0}{0}$ Sn., which continued as long as I kept him within my knowledge.

CASE XXII. A strong, hearty Scotch woman, Mrs. D., aged 56 years, of Benezet, Elk Co., Pa., came for operation for cataract. The left eye had immature cataract and a little vision, the right had been blind two years from hard nuclear cataract. The reflex was fair and other signs good, and I felt sure of an excellent result.

The operation was smooth and without anæsthesia or accident, Dr. Briggs, House Surgeon, assisting. I bandaged the eye and gave the usual orders for quiet and the supine position.

The first night, the patient sat up in bed, and threw herself about much, though restrained somewhat and cautioned by the nurse.

There were no urgent eye symptoms till the third day, when I found some vitreous protruding from the wound. I cut this off, instilled atropia, closed the eye, and ordered Aconite internally and atropine instillations. The eye went into subacute irido-cyclitis and hyalitis and slowly atrophied.

I discharged her in three weeks, as she was bound to go home, with vision for fingers only. This was subsequently lost through inattention and progressive disease.

It is almost impossible to keep some old people quiet in bed after operation. They know so much. This woman said, "That little sitting up didn't hurt anything." She spoiled what would otherwise have been a good case, and I remained at home longer than I should have done, just for her sake, and had a dangerous attack of hay-asthma.

CASE XXIII. A feeble, healthy, lively Irishman, R. E., aged $78\frac{1}{2}$ years, of Uniontown, Pa., was brought to me by Dr. A. E. Bowie, his physician, for a cataract operation. Both eyes were healthy, except the lenses, which showed hard nuclear cataracts, not quite mature in the right.

Assisted by Dr. Bowie, with the use of a Muriate of cocaine solution, I made a perfect operation upon the left eye and bandaged it. The patient hardly felt the different steps of the procedure, and could see us immediately after delivery of the lens.

The course was normal and the healing slow, and I kept him in the hospital four weeks to assure his safety. Then I found considerable folding and opacity of the capsule that I did not attempt to remedy, as with a + 11 D. glass he had $V. = \frac{10}{60}$.

Dr. Bowie said six months afterwards that the old gentleman was all right.

CASE XXIV. A strong, healthy Irish woman, Mrs. J. J. S., aged 80 years, of Allegheny, Pa., was recommended to me by Dr. J. C. Burgher, her physician, for operation for cataract of several years' duration. There was hard, nuclear cataract in left eye and only a little haziness in the right.

Dr. Burgher instilled Cocaine solution and assisted me to make a good operation without accident. There was little evidence of sight after the operation, but the eye did well and the bandage was removed finally the tenth day. A deep-lying, grayish-yellow mass of capsule and lymph filled the coloboma and reduced vision to shadows. This was needled without result six weeks later, during which the scar of the Graefe incision tore open a little, but the eye closed up and healed again kindly.

Again, weeks afterwards, we opened the eye below and removed part of the secondary cataract, improving vision a little, and found that the whole eye seemed to be full of yellowish shreds, which protruded from the vitreous every time

a piece was teased out. That was enough; the wound was allowed to heal and the case to go into the list of failures. I think I shall draw the line for operating at 75 years. I have never had a success in a patient any older.

CASE XXV. A healthy, hard-working English woman, Mrs. T. P., aged 65 years, of Idlewood, Pa., had been blind a year from hard, nuclear cataract of both eyes. I had given her a little medicine for pain during the year. The eyes were otherwise healthy.

Dr. C. A. Wilson, house surgeon, instilled Cocaine and assisted me to make a normal operation without accident or suffering upon the part of the patient.

The case went along nicely. I changed the dressing the fifth day, and found vision fairly good. A shade was substituted for the bandage the eighth day, and she was discharged the fifteenth day with $V. = \frac{15}{6}$, with a + 10 D. glass. Three months have elapsed, and V. has risen to $4\frac{5}{6}$, which may be further augmented as the capsule shrinks and shrivels.

An advertising oculist had been sending this lady a copy of his book of cures, hoping to get a job. She begged me not to tell him, as she wished him to continue, because the books were so handy to have for starting the fire.

THERAPEUTICS OF DISEASES OF THE SPINAL CORD AND ITS MEMBRANES—A CLINICAL STUDY.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA, PA.

IN the following pages, it is the design of the writer to give in detail the pathogenetic action of remedies on the spinal cord and their application in practice to disease of the same. Wherever possible, he will give illustrative cases, taken either from his own record books or from our periodical literature. The cases detailed will not necessarily be those in which success has crowned the treatment, inasmuch as by our failures we frequently learn as much if not more than we would by our successes. An apology is needed for the length of this communication; but it appears that to give the complete action of a remedy requires space; and in order to make accounts of cases of practical value, full details must be given, that the reader may judge of the action of the remedies for himself. While the writer has a decided preference for the very low attenuations, he does not propose to confine himself to those

treated by any one class of preparations; in the selection of cases, those being the most instructive will be selected.

Argentum Nitricum.—The efficacy of this remedy in affections of the spinal cord is conceded by physicians of all schools of practice. A careful study of its physiological action as illustrated in the provings of the drug, shows the marked influence exerted by it on the central nervous system. Rouget, by the administration of moderately large doses of the soluble salts of silver to the lower animals, succeeded in producing in them paralysis and convulsions, with disturbance of the respiration and finally death by asphyxia. In character, the convulsions much resembled those of strychnia in that they were of a tetanic nature, and, in the frog at least, were excited by very slight peripheral irritation. These convulsions frequently persisted after all power of voluntary movement had been destroyed.

Another old school observer, Ball, produced, some twenty odd years ago, paralysis of the hinder extremities of the lower animals by the injection of a silver salt which would not coagulate albumen.

Crude as the above detailed observations are, they show that the salts of silver exert a powerful action on the brain and spinal cord. To the Homœopathist, a more careful insight into the action of the drug than that exhibited by the ingestion of large doses of the medicine, is necessary. This we gain by study of the provings of attenuations of the drug made on *human beings*. Among the symptoms of *Argentum nitricum* directly referable to disease of the spinal cord and its membranes, we may note the following: The patient cannot walk in the dark without reeling. The limbs, especially the knees, jerk at night, awaking him from sleep. The power over voluntary motion is diminished or lost; paralytic heaviness and weakness of the legs; debility and weakness of the lower limbs, the whole afternoon. The legs, especially the left, are often stiff and rigid; they feel as if they were made of wood or as if they were padded, with insensibility to touch. There may be emaciation of the legs with paralytic weakness. During the day, he is tormented with sense of formication in the arms and legs. He stands or walks unsteadily after hard mental labor. There are creepings and jerkings in various parts of the body but more in the parts which are paralyzed. The pupils are unequal in size and both react feebly to light. Ptosis may be noted, especially on the left side. Atrophy of the optic nerve, although not a symptom of the pathogenetic

action of *Argentum nitricum*, is still one calling urgently for the drug.

So far as personal experience may go I have thus far failed to find any drug which stopped in its downward course the optic atrophy complicating tabes dorsalis. Inasmuch, however, as I have seen benefit to follow the use of *Argentum nitricum* in some few cases of idiopathic atrophy of the optic nerve, I naturally feel that with our present limited therapeutic means for combating this dreaded complication of spinal sclerosis, we may expect to do more with the drug under consideration than with any other.

Resuming the symptomatology of *Argentum nitricum* after the above digression, we note voluntary defection to be impossible; or the feces and urine escape involuntarily; incontinence of urine especially by night, but also by day; or the opposite condition obtains, namely, retention of urine with distension of the bladder, and if this is not promptly relieved, dribbling of urine from overflow is observed. The sexual functions, too, are affected. Sexual desire is destroyed and the organs are shrivelled; or if there be desire with erections, the latter fail when intercourse is attempted. Pains in the back are complained of; the small of the back feels weary, associated with heaviness and drawing in the loins, with tremor of the legs; these pains are worse from sitting, but are somewhat relieved by walking. A feeling of paralytic weakness in the sacro-iliac symphysis, as if the bones were loose, is experienced.

These, then, are the symptoms of *Argentum nitricum*, which point to it as a remedy of paramount importance in diseases of the spinal cord, especially in those having for their pathological basis sclerosis, or degeneration of one or more of the columns of that organ. Especially is it indicated in that most common of all forms of spinal disorder, locomotor ataxia or sclerosis of the posterior columns. The special applicability of *Argentum nitricum* to this disease is shown in its pathogenesis by the ataxic gait with aggravation when attempting to walk with the eyes closed, the disordered sensation, the pupillary symptoms, the ptosis, and the disturbance of the rectal and the genito-urinary functions. The paraplegia, the jerking and rigidity in the paralyzed limbs and other symptoms show it to be of possible use in sclerosis involving other parts of the cord than the posterior columns.

Still we cannot limit the use of the drug to organic diseases of the cord. In functional paralyses, such as follow exhausting or acute diseases as diphtheria, *Argentum nitricum* may

prove a valuable friend, indeed, when the symptoms call for its administration.

In addition to the symptoms already noted and directly referable to lesion of the spinal cord we have certain associated symptoms indicating *Argentum nitricum* in individual cases of spinal disease. The mental symptoms of the Nitrate of Silver are by no means unimportant. The patient has erroneous perceptions respecting time, space, and velocity. He fears that two or three hours have elapsed when not more than fifteen minutes have passed by; or he imagines that he is walking very rapidly when in reality he is proceeding but slowly. He endeavors to be hasty in his movements, because he is in constant fear of being too late. He makes frequent errors in calculating distances; for example, in passing the corner of a street he imagines that the corner of the house stands out, and that it will run against him. Coming to symptoms of the head, we find boring pain over the left eye. This same boring pain may be noted in the region of distribution of the infra-orbital nerve. Severe neuralgic pains may appear in the epigastrium; they radiate in all directions, and are often accompanied by belching. Convulsions of an epileptiform character are also indications for *Argentum nitricum*.

The writer's clinical experience with *Argentum nitricum* is largely confined to posterior spinal sclerosis, or locomotor ataxy. It appears to be of more value in aiding the disordered gait, the anæsthesia, and the ophthalmic symptoms of a paralytic nature. For the lightning pains it appears to do little or no good; a fact in perfect accord with the symptomatology of the remedy. The pains of ataxia come quickly, and go as quickly as they came. Those of *Argentum nitricum* increase or decrease slowly. Even in cases complicated with cerebral disease or accompanied by epileptiform spasm, the Nitrate of silver may still be the remedy. It seems to benefit cases occurring in syphilitic constitutions as well as those not so complicated; in fact, it is one of our remedies for chronic syphilitic lesions. Where, however, syphilitic manifestations are more active, I think it wiser to have recourse to remedies having a closer relation to the syphilitic poison.

CASE I. G. W. H., æt. 37 years, has complained of headache for two years past. The pains, which are mostly of a boring or gripping character, are located principally over the left eye. Occasionally, they involve both the eye and ear on the left side and may even extend into the jaws. As a rule, the pain does not make itself manifest until after nine o'clock in the morning, unless the day be a damp one. His work involves considerable use of the eyes. The left pupil is smaller than the right; both react but

feebly to light while their action during efforts at accommodation is normal. He has diplopia when looking to the right. Ophthalmoscopic examination reveals nothing wrong. He feels somewhat weak when walking in the dark at night; both patellar tendon reflexes are absent. Occasionally, he has shooting pains in the instep. Sometimes, he has stoppage of the flow during micturition. His sexual desire is good. He denies the existence of venereal taint. *Argentum nitricum*^{3x} trit. was prescribed, two grains every three hours. Improvement began at once, and has continued up to the present time, a period of five months. The pupils are nearly equal. The headaches, which had formerly come every day, now only show themselves once in two or three days; in fact, the improvement has been general.

CASE II. Mrs. —, at 58 years, consulted me in September, 1883. She had had unsteadiness of gait for some little time back. This was worse when walking in the dark. Her pupils were unequal in size, and acted sluggishly to light. The shooting pains were very light. Both patellar reflexes were entirely destroyed. She gave no evidence of syphilis. *Argentum nitricum*^{3x} trit., two grains four times daily, was prescribed. This remedy has been renewed from time to time. Her present condition is an improvement on that of three years ago.

As showing the unsuccessful results of treatment, the following cases may be placed on record:

CASE III. *Combined Sclerosis of the Lateral and Posterior Columns.*—J. E. P., at 50 years, first consulted me April 28th, 1885. Two years before, when working in a shoe factory, a loss of sensation suddenly appeared in his hands. This caused him to drop his tools. The anæsthesia lasted ten minutes and then went away, and he resumed work. Two months later, it returned again, and under similar circumstances, but this time it was permanent. He then quit work and has been idle ever since. At the time of his first consultation with me, his condition was as follows: The hands are very weak, so that he has but little power to lift anything. Sensation is very much diminished so that he can button his clothes with difficulty. On attempting to touch the tip of the nose with the forefinger of either hand when the eyes are closed, he fails to do so. The right hand does not appear to be as bad as the left, however. He also complains of a girdle sensation in the mid-dorsal region. He had considerable difficulty in walking, which began one year before. His gait differed from the ataxic, however; in bringing the leg forward, the toes scraped the floor, the heels always coming down last. There was marked instability when he attempted to stand or walk with his eyes closed. The legs felt constantly cold. On sitting still for any length of time, the legs went to sleep; after lying still for awhile, they became rigid. The patellar reflexes were greatly exaggerated and there was slight ankle clonus. On waking from sleep, he could not tell without the aid of sight in what position his arms and legs were. He has never had lightning pains, diplopia, urinary incontinence, etc. The pupils reacted normally. Optic nerve and retina normal. He denied having had syphilis, but acknowledged many attacks of gonorrhœa. Prior to coming under my care, he had been treated with Ergot, Iodide of potassium, Strychnia, etc., but without any benefit. I gave him *Argentum nitr.*^{3x}, but this did not improve his condition in the least, although I must say that under its use he grew no worse. In July, 1885, he returned to allopathic treatment. Then he was treated with large doses of Iodide of potassium; three hundred grains of the drug were administered daily. He then grew rapidly worse. The hot iron and other heroic measures were employed with like success. In March, 1886, he returned to me once more. His legs were now paralyzed to such an extent that he could scarcely move them. The patellar reflexes were exaggerated, and the ankle clonus was

exceedingly well marked in both feet. The muscles of the hands and fore-arms, particularly those on the extensor aspects, were nearly powerless; at night his limbs became rigid. I now gave this patient *Lathyrus*¹², two drops three times daily.

Sufficient time has not elapsed to give the result of the action of this remedy. It is scarcely to be hoped that the poor fellow can derive any benefit from its use. As regards the failure of *Argent. n.* in this case, I may say that I have, in practice, never seen it benefit cases in which the tendon reflexes were exaggerated.

CASE IV. *Syphilitic Ataxia*.—W. C., sailor, first came to me, May 15th, 1885, giving the following history: About three or four years before, when in China, he experienced a "staggy sensation" and unsteadiness of gait. He was sent to San Francisco where he was placed in a hospital on account of rheumatism, which lasted three months. Further examination revealed the fact that the supposed rheumatism consisted of lightning pains. He also suffered from toothache. One day, when picking his teeth with the scissors, he fractured his lower jaw. In walking, he must pay strict attention to his gait or he will fall. He complained of great numbness and weakness of the calves. He also had severe shooting pains in the legs. He stumbled around when his eyes were closed and also had static ataxia. Both patellar reflexes were absent. Argyll-Robertson pupils. Occasional diplopia. Fundus oculi normal. For the nine months prior to coming under treatment, he had a gummatous tumor in the side, for which he took Iodide of potassium with successful results, but without benefiting the spinal disorder. I prescribed *Argent. nitr.*^{3x}. The patient grew worse rapidly; in fact I may say that I never saw a case of spinal disease go down-hill more rapidly than did this one.

Had I the above case to begin the treatment of afresh, I would continue with the Potassium iodide, not that I could expect to improve the patient's physical condition, but in the hope of preventing a relapse into a worse one.

Lathyrus sativa.—Judging from the effects of *Lathyrus* in chronic poisoning cases, it ought to be one of our best remedies in certain forms of spinal palsies. Yet, if we scan our literature through, we find but slight reference to the drug. Our knowledge of the effects of *Lathyrus* is not by any means of recent date, descriptions of the symptoms produced by it having been written as far back as 1770. There are two varieties of the drug, *Lathyrus sativa* and *Lathyrus cicera*, the former being the one whose symptomatology is given in Allen's *Encyclopædia of Materia Medica* (vol. v., p. 505). So far as my present knowledge goes, I believe that the effects of the two varieties are identical. In Upper and Central India, in Algeria, and in certain parts of Italy and France, the beans of the *Lathyrus* are ground into meal and used for making bread by the lower classes. After subsisting a greater or less length of time on this bread, a certain set of symptoms appears.

These constitute the condition called Lathyrism. The first symptom following the use of the bread is a debility of the lower extremities, and this slowly increases in intensity. If the patient, in this stage, resorts to a proper diet, he will make a complete recovery. If, however, he continues with the Lathyrus bread, the paralysis, for such it is, makes rapid progress. The affected extremities become stiff and are drawn strongly together by the spastic contraction of the adductor muscles of the thighs. The patellar tendon reflexes are greatly exaggerated and ankle clonus is marked. Muscular nutrition, however, is perfect, there being no atrophy whatever, and electro-muscular contractility is normal. Lathyrism does not seem to occur in either the very young or the aged.

The paralysis of Lathyrus is not necessarily of gradual onset. In many of the reported cases, it has apparently made its appearance during sleep. In some cases, it has come on during wet weather. While lying in bed, the patient seems to be able to move the legs quite readily, although unable to walk at all. The movements of the limbs are not aggravated in the dark or by closing the eyes.

This represents the substance of our knowledge concerning the pathogenetic effects of Lathyrus.* Meagre as the above symptoms are, they show at once the marked influence exerted by the drug on the spinal cord. It is especially on the lateral columns of the organ that it acts, just as does *Secale* on the posterior column. The writer's experience in the use of this drug is, however, so limited as to make his observations of insufficient value to record here. Any facts deducible from cases treated one year ago, have been rendered invalid by the discovery that the preparation employed was worthless.

In the *Monthly Homœopathic Review* for December, 1885, Dr. John H. Clarke, of London, England, reports five cases of spinal paralysis. In the absence of any experience of my own I shall reproduce the reports of three of the cases here.

CASE V. *Multiple Sclerosis*.—A. W., governess, aged 28, admitted to the hospital November 1st, 1884. Her illness had lasted seven years, and for six years before admission she had not walked. While her mental faculties were not of the best, there was no distinct aberration. Her illness began with weakness of the left hand; later the right also became affected.

* The case of two individuals of the same family, father and son, who were attacked with spastic spinal paralysis at about the same time, is recorded by Dr. Gaetano Zavena in the *Raccoglitori Medico*, Feb. 10th, 1886. Investigation showed that both patients had subsisted for two years on an almost exclusive diet of French kidney beans. An abstract of Z.'s paper appears in the *Medical Record*, April 3d, 1886.

Then the hands got better and the legs became paralyzed. Her bowels were very constipated and she was unable to retain her urine. For three months her sight, especially that of the left eye, had been bad. At the time of her admission the power of her hands, especially the left, was diminished. The motion of the limbs was jerking. She could bend both knees, but raised the right higher than the left. Both knee jerks were increased, and ankle clonus could be elicited in either foot. She could stand and walk a little with assistance, but she dragged the left foot. She stepped on her toes and trembled very much. She was given *Lathyrus sativa*³, one drop every two hours. She made steady improvement and was soon able to walk about unassisted except by chairs and tables, and could walk a little even without them. She gained control over the bladder. She left the hospital January 9th, 1885, very much improved, but still not well. After her return to her home she relapsed to nearly her former condition.

CASES VI. AND VII. *Two Cases of Paraplegia of Uncertain Origin.*—Ethel and Dora S., aged four and three years respectively, were admitted September 3d, 1884, both suffering from paralysis. The history was not very definite. The mother said that there were several children older than these in her family, and one younger; that the older ones were all strong and healthy, and that Ethel (the elder of the two patients) became affected whilst she was nursing her. She said that whilst nursing, she poisoned her hand whilst making a gooseberry tart; her hand became much inflamed, but she continued to nurse; the child got inflammation of the bowels and wasted. She nursed Dora, and she also became affected. The infant younger than Dora threatened to go in the same way, and so the mother left off nursing it. On admission both children were found affected in the same way, but the elder (Ethel) much the more severely. Both their heads were curiously shaped. The back of the head was as if crushed in at the occipital partition, and bulged out on both sides of this, giving a large, flat surface behind. It communicated a most unnatural feeling to the hand. In the elder whose head was proportionably the larger, this was more marked. Dora had a very violent temper; Ethel's temper was just the opposite. The condition of the body was much the same in both, only more marked in the elder. All the joints were supple and lax; the foot could be laid back on the leg, and the hand laid back on the fore-arm. The limbs were not absolutely powerless, but when the children were held up to walk they were thrown about in every direction, as if there was no power of co-ordination. The lower extremities were much more severely affected than the upper. At the same time the reflexes were all exaggerated—knee, elbow, ankle and wrist; and when laid on their faces, and the finger run up the spine, the muscles of the back were seen to contract and move the trunk. At first they were put on no medicine, but left to see what the hospital care and dietary would do for them. They improved in general health, but not perceptibly in regard to the paralysis. On September 18th, they were both put on *Lathyrus sat.*³, one drop every two hours. The youngest child began to improve rapidly. On the the third of October she could almost stand when helped. The joint was still "double," and the patellar reflex was very marked. There was no ankle clonus. The legs were thrown about in a helpless kind of way when she tried to walk. The improvement continued, and she left the hospital able to walk quite well on October 22d. She had no medicine but the *Lathyrus sat.* all the time she was in the hospital. Ethel, who was worse all through, did not make such good progress. She grew, and became fatter, but did not gain power in her legs. From the first she had had difficulty in swallowing. She drank badly, and food often returned. On September 20th, two days after receiving *Lathyrus*, she had an attack of sickness and diarrhoea, and the swallowing became worse. She received *Calc. c.*⁶, one drop every two hours for six days, when the *Lathyrus* was resumed, and continued until November 9th, fifty-four days.

On October 3d, her condition was noted as follows: Cannot stand, collapsed; when held up to walk, left leg is thrown out as if there was loss of co-ordination; patellar reflex on left side sometimes appears increased, at other times absent, sometimes continuous contraction of left leg is felt by quick tapping; no increase of reflex on the right side; no ankle clonus, but ankles can be moved round in every direction.

On the 15th the knee jerk was still exaggerated and the tendo Achilles reflex was pronounced. There was no ankle clonus; the calves were very flabby. On the 27th, there appeared to be a little more power in the left limb. She was much brighter and more intelligent than she used to be. From the 9th to the 19th no medicine was given. There was no improvement in the walking powers. Neither at this time nor subsequently was she able to use the go-cart. She collapsed under a fraction of her own weight. There was now noticed internal strabismus of the right eye. She was given *Picric acid*^s, one drop four times a day. On December 2d, she was noticed to be much livelier, she having more strength in her legs. After this she had diarrhœa very frequently, for the treatment of which the *Picric acid* was stopped, and no special treatment was again adopted before she left the hospital. After leaving the hospital her condition changed for the worse. Dora, on the other hand, is as active a child as one could wish to see. Her temper, however, has not improved.

In addition to the above cases, Dr. Clarke reports a case of spastic spinal paralysis not benefited by Lathyrus. A careful review of the histories of the above cases leads one to believe that the remedy prescribed exerted a marked influence over the course of the disease; all the facts seeming to point to it and not to accidental surrounding circumstances as the cause of improvement. The writer has several cases at present under this remedy, and when his observations on the subject have been completed they will be duly reported.

Alumina enjoys a favorable reputation in diseases of the spinal cord and especially in tabes dorsalis. Paralytic phenomena are marked in the symptomatology of the drug. The patient complains of paralytic weakness of both upper and lower extremities, especially the latter. The legs feel heavy. Or, instead of this paralytic condition, there may be incoördination of gait so that the patient is unable to walk in the dark without staggering. Other abnormal motor phenomena observed under *Alumina* are tremor of the limbs, jerking and twitching of the limbs, and involuntary movements of single parts. Abnormalities in sensation may also be noted. The extremities go to sleep very readily. Thus the nates go to sleep when sitting, and a similar condition may be noted in the arms. Sensation in the soles of the feet is very much blunted, giving to the patient the impression that he is walking on cushions or that his feet are padded. The heels become numb while walking. A sense of tightness in the arms as if from cold may be complained of. Pains of diverse characters

may appear in the back. In one case it is as if a red hot iron were being thrust into the spine while in others it is as if the back had been beaten, and in still others, the pain is of a gnawing character. The paralytic action of *Alumina* even extends to the genito-urinary organs and the rectum. There is marked inactivity of the rectum, even a soft stool requiring an inordinate effort to secure its expulsion. In other cases, it is the function of sensation in the rectum that is impaired, as shown by the lack of desire or inability to move the bowels until there is a large accumulation of feces in the rectum. There is still another constipation belonging to *Alumina*, one which does not depend upon nervous causes for its existence, and that is hard and knotty stool, expelled with difficulty. This is owing to the general dryness of the mucous membranes. At times there may be involuntary escape of urine during the day. Symptoms referable to the eyes, such as ptosis and diplopia, appear. The following case, reported by Boenninghausen, is abstracted from Dr. T. F. Allen's paper on *Alumina* in the *North American Journal of Homœopathy* for November, 1882.

CASE VIII. *Tabes Dorsalis*.—A carpenter, æt. 36 years, had been ill eight or nine years and had grown constantly worse under allopathic treatment. His disease began with pain in the left side of the abdomen, with constipation accompanied by cough, making the pain in the abdomen unbearable. Both legs gradually became paralyzed; they were constantly hot and swollen from the knees down to the feet in the evening. This was followed by ischuria, the first part of the urine looking like buttermilk. Puls.²⁰⁰, Sulph.²⁰⁰, and Phos. ac.²⁰⁰ were each prescribed in turn, the latter with some slight benefit. He then developed shooting pains in his legs. Further examination revealed insensibility of the soles of the feet and loss of control over the lower limbs, especially in the dark, so that he does not know how or where they lie. Frequent burning and smarting of the calves and upper part of the thighs. Paralysis and other symptoms < in the cold and during rest. Rhus²⁰⁰, followed later by Lycop.²⁰⁰ and Puls.²⁰⁰, was prescribed. The paralysis increased, however. Then Aluminium met.²⁰⁰ was given with unusually favorable effect. In three weeks he could walk with the aid of a cane. A month later he was able to stand and work at his carpenter's bench for hours, although not by any means cured.

The exact nature of this case must remain uncertain because of the meagre description given. The chances are that the diagnosis given by Boenninghausen, *tabes dorsalis*, is correct. It is certain, however, that the patient had a chronic spinal disorder which had grown worse under allopathic treatment and improved under homœopathic medication.

(To be continued.)

THE FAITH CURE—ITS FACTS AND ITS FALLACIES.*

BY GEORGE B. PECK, A.M., M.D., PROVIDENCE, R. I.

Ladies and Gentlemen:

Hahnemann begins his *Organon of the Art of Healing* with the assertion that "the physician's highest and only calling is" "the speedy, gentle, and permanent restitution of health, or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable (certain?) and safest manner, according to clearly intelligible reasons." Our presence here is ample proof that thus far at least the authority of the great master is implicitly recognized. It also evidences that an individual pledge has been given, moral if not absolute, that we will employ in our conflict with sickness any instrumentality that shall come to our knowledge, from whatsoever source, which, according to our best judgment, promises the quickest, safest, and most pleasant restoration to health. Our membership here simply affirms that hitherto we have found *similia similibus curentur* to be the most accurate direction and only safe principle enunciated for the selection of remedial agents. Whenever anything better shall have been discovered, loyalty to our leader, if no other consideration, demands that we shall at once renounce his other teachings.

Of late, certain systems for the destruction of sickness have been brought to the public attention that excel in many important particulars the gentle but efficient medication ordinarily employed by our members. Nor are their benefits unequally distributed. The physician is relieved from all expeditures for remedies and surgical appliances as well as for all professional and scientific literature. In fact, should he unfortunately be possessed of these he had best bestow them at once on those still groping amid the uncertain (?) traditions of the past, as a graduate of the Harvard Medical School and late A. A. Surgeon U. S. Volunteers has comparatively recently done. In one of the systems, no text-book is absolutely required; in the other but one—a very old but very good book that everybody is supposed to possess. Furthermore, he is freed from the drudgery of bookkeeping and its attendant losses; "tipping" is the more elegant and satisfactory method of reimbursing the practitioner. On the other hand, the invalid is exempted from all the restraints scientific physicians are wont to impose. Under one system, but a single visit is ordi-

* The Presidential Address before the R. I. Homœopathic Society for January, 1886.

narily required, for Omnipotent force accompanies the attendant (though occasionally it would seem to be inaccurately applied) and perfect cure is assured. In view of the immeasurably superior advantages proffered by these systems, let us briefly consider their pretensions, if haply we may find some royal road that shall free us from most of our labor and all of our care.

Foremost in its assertions stands the Faith Cure, so-called. Before examining its claims, however, it is necessary to lay down certain fundamental principles as a foundation for our work. Although destitute of particular knowledge concerning the creed of any of our members, I think I may safely affirm that all agree that the universe seen and unseen is the production of an intelligent Creator whose wisdom and power is displayed by the works of His hands, but whose character, attributes and will are more perfectly revealed in His own Word, more commonly known as the Holy Bible. Standing upon this broad platform our task will be easy. The argument for the faith cure, concisely stated, is this: that upon the fulfilment of certain definite conditions, the Scriptures promise the restoration of the sick to health; that in all ages from the time of Christ even to the present moment, compliance with the designated stipulations has been followed by the appearance of the designated result; therefore it is possible for any one and every one by similar conformity to attain the same blessing, and thus *pari passu* the dread phantom of disease with its sensible ills is to be banished from the earth, or at least kept well at bay. Conceding the accuracy of the conclusion in the event of the validity of both the premises, and waiving all investigation (for want of time) into the substantialness of the second, let us carefully examine the first, for it is the corner-stone and sole support of the entire superstructure; upon its coherence depends the permanent success of the faith cure.

It is not a little singular that the apostles of the "Gospel of Healing" should appeal to the Law and Testimony for a considerable degree of their authority. The success of the imploration is, however, by no means commensurate with its audacity. Eighteen centuries ago, one clothed with ample authority and endued with equal knowledge remarked, in speaking of Jehovah's promise to make "a new covenant with the house of Israel and with the house of Judah," "In that he saith, A new covenant, he hath made the first old. But that which is becoming old and waxeth aged is *nigh unto*

vanishing away." But our wiser and more perfect modern instructors rejoin: "Messiah saith, 'Think not that I come to destroy the law or the prophets; I came not to destroy but to fulfil.'" But how are we to interpret the words destroy—fulfil? What mean the rending of the veil, the destruction of the temple and of genealogies as well, the dispersion of the chosen people and the extermination of sacrificial worship if nothing has been destroyed? The mystery is easily solved. All *types* and prophecies of the Old Testament Dispensation are fulfilled in Christ and His kingdom. The moral principles, amplified and intensified, are reiterated by the Chief of the new dispensation. Those laws, sanitary and otherwise, and all compacts pertaining to Israel and Judah which arose from the peculiar relation sustained by the Creator to that race as the personal sovereign of a chosen people, are forevermore annulled. Hence no passage in the Old Testament can properly be cited as authority for the practice of the faith cure so-called unless it is endorsed (strengthened) directly or indirectly by the writers of the New.

Careful examination of the best campaign literature of the Gospel Healers, kindly selected for me by one of their leaders, shows that all passages in the New Testament mentioning the cure of the sick consist of accounts of the miracles of the Messiah and His disciples, of remarks made by the former concerning particular instances, of the commissions to the seventy and to the twelve and their reports thereon, of the prayer of the church at Jerusalem when Peter and John had been released without additional punishment from imprisonment for restoring the cripple at the gate Beautiful, of the special gifts enjoyed by the apostolic churches, the Great Commission (so-called) as recorded by Mark and the passage in James v. 14-16. This last gives explicit directions for applying the remedy and the first two verses form indeed the cornerstone of the creed. All other passages cited as proof-texts (save perchance some one accidentally overlooked in making up the final summary) are more comprehensive in character (that is restoration to health may be considered as *one* of the benefits contemplated) or else, egregiously misapplied, are entirely irrelevant. The historic allusions require no notice here. The occurrence of miracles during the first century of the Christian era must be acknowledged by those accepting the platform laid down at the beginning of this argument; and with others, on this occasion, we have no discussion. But all things connected with them are of the past and in a sense of no practical consequence. It is

only the preceptive passages that concern us, and these require examination in detail.

James, in his letter-circular to the Jewish churches, remarks (v. 14, 15), "Is any among you sick? let him call for the elders of the church; and let them pray over him, anointing (or having anointed) him with oil in the name of the Lord; and the prayer of faith shall save him that is sick, and the Lord shall raise him up; and if he have committed sins, it shall be forgiven him." Our modern apostles inform us that we need not expect the blessing if we do not strictly conform to these conditions. Unfortunately for their pretensions, however, the reported cures include instances where no oil was used, where no elders were sent for, where the restored one was entirely faithless, and the family still more unbelieving. In fact, the only feature common to all, is the offering of prayer (conceding that it is the heart's sincere desire, unuttered or expressed), and faith on the part of *some one*. But how many more such petitions have been raised and similar faith exercised with no apparent effect! And how can rational beings imagine any of the above are essential conditions, when in the succeeding verse (v. 16), James gives an entirely different method of attaining the same result: "Confess, therefore, your sins, one to another, and pray one for another, that ye may be healed."

The only words of our Saviour that can with any plausibility be construed as referring in the remotest degree to the subject under discussion, are His very latest, as recorded by Mark (waiving the question raised by some as to the authenticity of this passage). "And these signs shall follow them that believe; in my name shall they cast out devils; they shall speak with new tongues; they shall take up serpents, and if they drink any deadly thing it shall in no wise hurt them; they shall lay hands on the sick and they shall recover." But if we are to understand that this statement was intended to apply to the Church Universal (if I may be permitted to use that term in this connection), like the general promises already referred to, upon which our modern apostles lay so much stress, it proves altogether too much. That token which is the least conclusive and most readily simulated, is by them raised to the chiefest rank—almost to an equality with spiritual birth itself. It would be asking too much to expect them to display the other evidences of belief here indicated by supreme authority; they also utterly fail to cite any case that is not capped by the experience of untold numbers who had

no particular respect for God, if, indeed, they had heard of His existence. All signs are to be carefully distinguished from providential deliverances (so-called) which occur to multitudes, irrespective of character and creed, and marvellous successes as well, for which grateful acknowledgment should be rendered to Him who "maketh His sun to rise on the evil and the good, and sendeth rain on the just and the unjust."

Again, the propriety of indefinitely extending Messiah's promises is aptly illustrated by reference to a somewhat similar passage also quoted as bearing on this subject. Luke reports Him as saying on one occasion to certain of His followers: "Behold, I have given you authority to tread upon serpents and scorpions, and over all the power of the enemy; and nothing shall in any wise hurt you." Necessarily it follows, according to this school of interpretation, that the account of Stephen's death is a canard, that Paul had just recovered from a severe attack of indigestion when he rehearsed his long list of imaginary sufferings, that the stories of the martyrs are myths, and that Christ Himself was somewhat mixed (a little forgetful, perhaps), when He subsequently announced to His followers: "Yea, the hour cometh, that whosoever killeth you shall think that he offereth service unto God." May I be excused from following such teachers.

Turn for a moment to the general promises, on which also great stress is laid. But two of the strongest is all we need pause to consider: "Again I say unto you, that if two of you shall agree on earth as touching anything that they shall ask, it shall be done for them of my Father which is in Heaven." "And all things whatsoever ye shall ask in prayer, believing, ye shall receive." To discuss, even in the slightest degree, any theory of prayer is entirely foreign to my purpose, but he who has ever poured forth the yearnings of his soul in devout supplication to the Deity, *knows* God both *hears* and *answers*—ofttimes, it may be, when, hoping against hope, it seemed wellnigh impossible that the desire should be realized. On the contrary, many have sought blessings (the simplest and the easiest to be bestowed, apparently), earnestly and with tears, only to endure the pangs of grievous disappointment; and though in after years, the sorrowing sufferer may find that in the very refusal of his request his petition was the most completely granted, and the richest possible blessing came from the destruction of that very desire, is it likely that he or any one knowing of such instances (they surround us on every hand) will permit the chances of life and death to rest solely upon such unreliable promises?

In conclusion, brief reference will be made to the strongest of the prophetic authorities, which is all that is necessary for the entire class. The evangelical prophet, in his matchless description of the Saviour's character and work, says: "Surely He hath borne our griefs (sicknesses) and carried our sorrows; yet we did esteem Him stricken of God, and afflicted. But He was wounded for our transgressions, He was bruised for our iniquities; the chastisement of our peace was upon Him: and with His stripes we are healed." Now, Matthew informs us that upon a certain occasion, very early in Christ's ministry, "that it *might be fulfilled* which was spoken by (through) Isaiah the prophet, saying, Himself took our infirmities and bare our diseases;" "they brought unto Him many possessed with devils; and he cast out the spirits with a word, and healed all that were sick." I much prefer to trust his statement as to the time, manner, and conditions of the realization of prophecy (*i. e.*, his exposition of the Scriptures of that time), than the dicta of any modern authority.

Having discovered that the Bible does not teach certain accredited doctrines concerning the relation of sickness and health to religion, let us now ascertain, if possible, what it does teach. We return for a moment to the Old Testament, not for examining its sanitary code, for it is too highly appreciated at this day to require defence, nor yet for discussing the compacts of the Israelitish theocracy, whose fulfilment depended upon the providential government of the world by Deity, as illustrated in the exemption of that people from attack during the assemblings of the entire male population at the tabernacle and the temple, but for considering the relation of its moral code to disease. The Lawgiver, being the Creator of man, and well understanding, therefore, his physical and intellectual construction, would be expected to provide him, as a moral and responsible being, with such a code as would best conserve the interests of his dual nature. Such we find has been given whether we regard the letter simply or the spirit, as illustrated by the teachings of the Messiah. None know better than we, fellow-practitioners, how large a proportion of the ailments of the world are directly the result of a departure from perfect, Christ-like morality on the part of the afflicted person, how much larger the proportion where the sins of the fathers are visited upon the children unto the third and the fourth generation, not through any caprice of an arbitrary and vindictive despot, but from the necessities of our constitution. Science more and more clearly reveals to us the

fact that susceptibility to disease is simply an indication of vitiated vitality, while we often hear "I ought not to have done," and still more frequently see the ineradicable traces of sins committed by our patients or their fathers.

Whether we regard the story of the fall of man as allegorical or historical, God's warning to Adam, "In the day that thou eatest thereof thou shalt surely die;" or, as it is sometimes rendered, "dying, thou shalt die;" or, still more literally, according to the Hebraic idiom, "to die, thou shalt die," states a fact, an immutable fact, obnoxious to our daily observation but so familiar as to escape notice, that dates from Eden, and shall continue until time shall be no more. Yea, verily! for he who most clearly portrays the relation of man to God under the New Dispensation, emphatically declares (coupling therewith the warning, "Be not deceived,"), "God is not mocked; for whatsoever a man soweth, that shall he also reap." From the first of Genesis to the last of Revelation, not the slightest intimation is to be found that man can escape the consequences of a single act, and the Elysian fields themselves are only blessed because sin doth not enter there.

The correlate of this principle is also distinctly taught. God saith, "If the wicked turn from all his sins that he hath committed, and keep all my statutes, and do that which is lawful and right, he shall surely live," and no one can tell us how essential oftentimes to convalescence is a complete change not only in the acts but in the thoughts of our patients; how necessary to the restoration and preservation of health is a mind at peace with God and man, a soul whose desires are governed by its necessities, and not by its passions or its caprices. Such is the resiliency of our physical nature that the brightness and strength of youth may wellnigh be restored simply by ceasing to do evil without learning to do good.

If now the apostles of the Faith Cure have no superhuman power at their disposal, and eschew all material assistance, whence comes any of their substantial successes? Their chosen name tells, from Faith. But faith is merely an exercise of the mind, which displays itself according to the nature of that which arouses it in varying forms and degrees of physical activity corresponding with the intensity of that mental condition. Mind force, then, exercised at the will of the operator (healer) is the key which unlocks the fetters of many prisoners. To this should be referred the reliefs and even permanent cures that unquestionably necessarily must have formed

the basis of every so-called medical delusion; to it also countless other cures by medicine men of every name in every clime. Professional traditions familiar to our youngest fellow, and personal observation, if covering only a half decade, furnish ample proofs of its power, and render appeals to records superfluous.

But what is this force? Tell me the constitution of matter and I will give you that of the mind. Describe the nature of gravitation and electricity and I will portray with equal clearness mental power. Meanwhile let us accept the facts, the indisputable manifestations of both, and avail ourselves of resources that (in this state of existence at least) are probably inexplicable.

Is, then, the Faith Cure so-called but a synonym for the Mind Cure? Yes! and No! Yes, in that the work accomplished, or designed to be accomplished, by both is dependent entirely upon the mental state or condition of the patient, in that similar temperaments are essential to the success of both (though the adherents of the one are unlikely ever to become the followers of the other), and in that the processes of cure are alike in nature. No, because the latter can never exert the power, and, therefore, can never secure the results of the former. Philosophy cannot impart the inspiration which religion gives her every devotee. Though she may move in the footprints of the latter, her steps are nerveless and uncertain. She can *not* attain the strength, the intensiveness of her rival. Reason, cold, calm, calculating, persistent, pertinacious, if you will, does not, cannot influence our physical organization either for good or for evil as do our passions, our emotions. It is these that prompt action, that instantaneously change the vital currents, that work visible, tangible effects upon our material nature. There is confessedly a no more potent stimulant of these than religion. Hence, while we find notable results following other impulses, from faith, which is the essence of religion, the most abundant fruits are gathered, and the richer in proportion to its character, *i. e.*, in proportion to the capability of the object of that faith to arouse to activity the spiritual nature of the believer. We see, therefore, the desirability, the necessity to most of some external stimulus, the individuality of which is immaterial, and may indifferently be the family physician, a favorite prelate or an alleged promise of Jehovah.

Complete failure having attended the effort to find a sing'e

reason for substituting the extravagant fantasies of unbalanced enthusiasts for the firm principles of an inductive philosophy (the law of God read from His own handwriting) that have marvellously covered the earth despite an avowedly exterminating warfare relentlessly waged for nearly a century, it may well be asked what excuse can be given for presenting such a theme at this time and in this presence. But two will be mentioned, either of which affords ample justification for the selection. First and most important is this, that each of us may be ready to meet and remove the terrible shock which must supervene to the too confiding soul on being informed, "I have observed that God seldom, if ever, interferes to cure heart disease," or any other disorder as it may chance. Few can realize the dark despair that overwhelms a trusting heart so cruelly awakened to a knowledge of the inexorable character of His laws. Confidence alike in the infinite and in the finite is shattered almost irremediably at a single blow. Then the family physician, for none other can, should be ready and able to explain the error and place its responsibility where it belongs, removing thus at once with the physical injury its cause. True, this may not be his duty, but it is his privilege. He is to be pitied who, having skillfully but fruitlessly contested every inch of ground which intervenes between the grim destroyer and his victim, can do naught as the supreme moment approaches, but, with Wendell Holmes, "Stand still in the presence of all-powerful Death," and cannot the rather impart strength for the last conflict (most gratefully received) by pointing both sufferer and friends to Him who brought life and immortality to light, the conqueror of Death. My second reason, and that of the widest practical application, is the importance of utilizing this subtle mind force, whose power is so great as to form the basis of at least two systems of cure, in every manner our respective consciences shall permit. This must be done with extreme caution, and with perfect adaptation of treatment to the requirements of each particular case. Perfect individualization of thought and motive is necessitated. This requires consummate skill. To acquire the art is no light task, yet all of us doubtless can recall the names of practitioners, regularly and very irregularly educated, whose success depended largely, not to say chiefly, on their aptitude for arousing and manipulating this force. It is proper for us to imitate their example if not their methods. "Prove all things; hold fast that which is good."

DISORDERS INCIDENT TO GESTATION.—THREE CLINICAL CASES.

BY OLIVER S. HAINES, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE disorders of pregnancy, although perhaps not strictly speaking diseases, are the source of much suffering to woman-kind, and are often anticipated with more concern and terror than the actual pangs of labor itself. It is in the treatment of such affections that the homœopathic law shines at its best. Researches into the causes and pathology of these morbid phenomena avail us nothing.

I shall not occupy your time longer than to detail three cases which show how quickly and well the homœopathic remedy will relieve these affections. The following cases were selected because the medicines were all used in a low preparation. My experience teaches me that in this class the higher attenuations often do better work, but another essayist of the evening will doubtless give us examples of the action of these.

CASE I. Mrs. A—— advanced three months in her second gestation, consulted me for relief of a violent toothache. She had suffered during the entire period of her first gestation with this and other troubles, had a very difficult labor, and afterwards had puerperal fever and phlegmasia *alba dolens*. The pain seemed to originate in the lower molars on the left side, but *all* the teeth ached. It was described as gnawing and throbbing in character, and was worse after eating, and at night when in bed. She could not sleep. Had been obliged to walk the floor every night for a week, she said. The usual expedients for toothache had been tried. Her dentist declared extraction of the aching teeth the only cure. To this, neither she nor I would consent. *Chamomilla*^{12x} relieved her after two doses. It was continued for twenty-four hours, and the toothache disappeared not to return.

CASE II. Mrs. B——, æt. 30, advanced *six weeks* in her first pregnancy; complains of twitching of the eyelids and facial muscles causing her to make grimaces. She cannot use the eyes; for vision seems dim, and the involuntary movements are increased by the effort to see. She cannot sew, because she has lost control of her arm. Her arm twitches, and she is more apt to stick the needle into herself, than into the material. She is very constipated, and has lost all appetite. An eye specialist corrected a slight astigmatism for her, and after prescribing the usual allopathic measures for her relief, finally informed her that she could not be relieved until the cause

was removed. *Nux vomica*^{2x} and ^{3x} cured her in a month, not only of the involuntary muscular movements, but also of her constipation and anorexia.

About this time there came under my observation, a young woman who manifested choreic symptoms during the second or third month of gestation. She was under no regular treatment and later on aborted.

CASE III. Mrs. C——, pluripara, æt. 27, about three months advanced in her third gestation, called to engage my services during her expected confinement. She related the following: She had suffered from slight varicose of the veins of the right lower limb during her first gestation. During her second gestation, these veins became enormously enlarged, extending from groin to foot upon the right side. She could not rise; and endured very severe pain. In spite of bandages and elastic stockings skilfully applied by her medical attendant, the veins ruptured in two places below her knee. A profuse and long-lasting hæmorrhage resulted, which weakened her very much. In consequence of this rupture, an ulcer formed which remained some months *after* delivery.

She very much feared a recurrence of these troubles during the present pregnancy. I requested her to inform me promptly of such. About two months later she called me, and I found the same condition existing. The superficial veins from groin to foot were enormously distended and knotty, seeming as if about to burst. She declared they had never been so large. From the deep-seated pain and from the pains in her feet, I judged the deeper veins to be in a similar condition. She was much discouraged and had no appetite. For three or four weeks she took *Pulsatilla*^{2x}. At the end of that time the swelling and pain had so far lessened that she could walk about easily. *Hamamelis*^{2x} removed all the *remaining* soreness and swelling, and she went about her usual household duties from that time until term, and was delivered. The veins remained slightly more distinct through the skin until after delivery, but occasioned no distress.

A COMPARISON OF ARSENICUM, PHOSPHORUS, AND THE ANTIMONIALS.

BY S. LILIENTHAL, M.D., NEW YORK CITY.

BLYTH, in his *Toxicology*, vol. ii., p. 524, says: "The analogy between the symptoms produced by Arsenic and Antimony is striking, and in some acute cases of poisoning by

Tartar emetic there is but little, if any, clinical difference." And as cases of arsenical poisoning were mistaken for cholera, so cases of antimonial poisoning were regarded as cases of typhoid fever, which the symptoms in a few respects resembled. Again, Saikowsky (Virchow's *Archiv.*, v. xxv.), in feeding animals daily with Antimony, found, invariably, in the course of fourteen to nineteen days, fatty degeneration of the liver and sometimes of the kidney and heart. In the experiments of Caillol and Livon, also, all the organs were pale; the liver had undergone fatty degeneration, and the lung had its alveoli filled with large degenerated cells, consisting almost entirely of fat (by and by we will compare this with phosphorus poisoning and phosphorus indications). The mesenteric glands also formed large caseous masses, yellowish-white in color, which, under the microscope, were seen composed of fatty cells, so that there is a complete analogy between the action of Arsenic and Antimony on the body tissues.

In Dr. Nevin's experiments (Lever, *Med. Chir. Journal*, No. 1) in the chronic poisoning of rabbits, the post-mortem appearances consisted in congestion of the liver in all the rabbits; in nearly all there was vivid redness of the stomach; in two cases there was ulceration; the kidneys congested; the lungs congested, in some actually inflamed, or hepatized and gorged with blood. Bloody extravasations in the chest and abdomen were frequent. He also discovered Antimony in the urine of his rabbits after the twelfth dose, and even in the urine of an animal twenty-one days after the administration of the poison had been suspended, which corresponds with the results gained by Orfila and Eulenburg. From these experiments Nevin concludes that Tartar emetic is a deadly poison when repeated in small doses for a sufficient length of time, but that the total quantity necessary to cause death, and the length of time required vary considerably in different cases; that there is a general similarity in the symptoms and morbid appearances produced, but by no means absolute uniformity; that the poison permeates all the tissues of the body, and even those of the unborn offspring, if its administration is continued long enough, whilst, at the same time, it is constantly being eliminated by the kidneys and bowels; and lastly, that the fatal effects are often not in proportion to the apparent changes found after death.

Dr. Richardson's experiments (*Lancet*, May 10th, 1855, Woodman and Tidy, p. 129) are also of great importance to us. A dog died in one hour and forty minutes after a drachm

of Tartar emetic in solution had been injected into the cellular tissue. The symptoms did not set in for thirty minutes. After death both sides of the heart were found to be distended; the lungs dark and full of blood, but not inflamed; *the blood generally fluid*; the bladder empty. The Antimony was found in the following parts, beginning with that part where the largest quantity was discovered: blood, vomit, rectum, lungs, liver, stomach, bladder, kidneys, and small intestine. In the second experiment, made with Antimoniuretted hydrogen (compare Arsenic and Phosphorus), a dog was placed in a glass chamber capable of holding three thousand cubic inches of air, a hundred cubic inches of gas was admitted every twenty minutes, and at the end of three hours and fifty minutes the dog died. No symptoms set in for one hour and forty minutes, when purging occurred, and in ten minutes afterwards vomiting. *Extreme prostration*, however, was the prominent symptom. In the post-mortem all the viscera were found congested, the blood loosely coagulated, the lungs inflated and full of blood but not specially inflamed. In the third experiment a wound in a dog's neck was dressed every morning with Tartar emetic ointment. The dog died in seven days. There was no purging or vomiting, but the animal refused food and died exhausted, as if from inanition. The blood was fluid, the stomach red internally, and the heart full on both sides. No Antimony was found in the brain, but it was found in large quantities both in the liver and the spleen.

Guy describes an eruption of the skin in a case of arsenical poisoning, which resembles antimonial poisoning. In the former a papular rash set in, running on to pustulation, appearing about the root of the nostrils, or the bends of the ears, elbows, thighs, etc., but especially on the scrotum, where superficial ulcers may be found, varying in size from a split pea to that of a four-penny piece, whilst sometimes the fingers will be found inflamed and the nails dropping off. It is well known how the eruption produced by Antimonium tartarisatum goes through the different stages of small-pox from papulæ to ulceration. Miss Nunn, in her experiments on frogs, noticed a peculiar effect of Tartar emetic on the skin. In a few hours the cuticle of a poisoned frog became softened and gelatiniform, too soft to be stripped off, though it could be easily scraped off every part of the body. Arsenious acid causes a degeneration and partial solution of the protoplasm of the cells, whereby the whole epidermis becomes loosened from the subjacent derm, but the Malpighian layer is never actually cast off

during life, whereas Antimony produces the same marked degeneration and partial solution of the columnar layer which causes the epidermis to be held less firmly to the dermis, there is the same degeneration and separation of all the cells of the Malpighian layer, and the same desquamation of the corneous and intermediate layers. Altogether, the action of Antimony is more rapid than that of Arsenic, and the changes produced by it bear evidence of more violence. Both affect the cornea in a similar manner, but not so marked as in the skin.

Antimony and Arsenic are protoplasmic poisons (Ringer, 8th edition, p. 271), destroying the functions of all the organs of the body in the order of their vital endowments. This general paralysis is due to the action of the drug on the spinal cord. But according to Koehler (*Materia Medica*, p. 709) with these differences: 1. Arsenicum acts primarily on the central nervous system, whereas in Antimony (and Mercury) the sensory nerves going to the glandular parenchyma are first affected. 2. Arsenicum shows little influence on the cardiac nervous system (*Vagus, Sympatheticus*), whereas Antimonium (and Mercury) influence it considerably. 3. Arsenicum irritates the stomach and causes paralysis of the vaso-motory nerves of the abdomen, belonging to the splanchnicus; Antimonium (and Mercury) corrode the gastric and intestinal mucosa and cause anæmia of the bloodvessels. 4. Arsenicum has no affinity to albumen Antimonium (and Mercury) a great deal. 5. Arsenicum given for some time in small doses causes increased weight of the body and obesity, Antimonium (and Mercury) under the same conditions produce emaciation. 6. Arsenicum is eliminated through the bile, urine, saliva and perspiration, Antimonium more through the intestinal mucous membrane.

Here Koehler is in accord with Radziejewski, who found that Tartar emetic powerfully affects the heart, slowing and then arresting it in diastole, and according to Ackermann the contractility of the cardiac muscle is destroyed. Ringer (p. 273) considers Tartar emetic a paralyzer of the central nervous system, the motor nerves and muscles, and destroys sensation. In Arsenic we find primarily a short stage of excitation followed by depression, when given in small doses; but in larger doses it soon arrests the action of the heart, and in explaining this action authors differ. It is a curious fact, worth working out, that all three drugs, Antimonium, Arsenicum and Phosphorus, enjoy great reputation in the old school for the cure of nervous affections—from a mere neuralgia to epilepsy. It

only shows that after all theorizing on the action of drugs the homœopathic selection of a drug for the cure of any affection is the true one, and that in the totality of symptoms lies our shibboleth.

Dr. H. Gross's *Comparative Materia Medica*, edited by Constantine Hering, is a work for which its author could not find a publisher in Germany, and still it is a work of great value, though our younger colleagues hardly ever see the book except in the library of some old physician. Gross compares Arsenicum with Phosphorus, but forgets entirely a comparison with Antimonium, and we may be allowed to fill in this omission.

Antimonium tartaricum affects especially the outer and inner skin and the lungs. Hence we find that Constantine Hering recommends it in the first volume of his *Guiding Symptoms* (how we wish we were already in possession of the last volume of this glorious work) in infantile catarrhs of the bronchi and of the intestinal canal, in cholera infantum and cholera nostras, in influenza, in pneumonia, in different coughs, in diphtheria and catarrhal croup, in gastro-intestinal troubles, in rheumatism, in intermittent and remittent fevers.

Dr. Imbert-Gourbeyre wrote one of the best essays on Arsenicum, and its three great keynotes are periodicity, adynamia, and malignity, and it is a curious fact that Hering recommends it in nearly the same morbid affections; but what a difference in the indications for each drug! Zymotic (or called there germ diseases) affections, intermittents, hæmorrhages and dropsies, dyscrasia, malignant intestinal affections, be they of catarrhal or inflammatory origin, bronchial affections and pneumonia, rheumatic affections, and many more.

Phosphorus is the great nerve-tonic of the old school, and in their usual doses it was a two-edged sword, and often injured the patient more than it benefited him. To us also the great influence on the cerebro-spinal system is of the utmost importance, as well as its action on the vaso-motors, and it has its own peculiar indications for the paresis of the latter, which are commonly designated as inflammations. In many such cases it becomes the great anti-paralytic, where Rhus tox. or Causticum would fail to be of any benefit. Phosphorus earned its spurs especially in diseases of the respiratory organs, and if rightly applied the case will hardly reach that stage, where Antimonium tartaricum or Arsenicum would become our life-saving instruments. "Small wounds bleed much;" can we be astonished at it, when the contractile power of the bloodvessels is at such a low ebb? Hahnemann puts Phosphorus among

ANTIMONIUM TART.

Predominates *left* side, particularly lower left and upper right side.
 Apathy and indifference to everything, even death would be welcome.
 Complaints predominant in internal parts (pressing, tension, tearing), numbness in external parts.
 Sensitiveness in internal parts.
 Biting itching on whole body in evening; red itching rash over the body, with the fever, > by scratching.
 Great prostration and sluggishness of the body, with bad humor; rarely apoplexy.
 Erythema, pustular eruptions; burning and tearing in the joints.
 An outward sticking in the varices of the legs.
 Emaciation, dropsy, skin on face and limbs cold and pale.
 Pulse hard, full, and strong, or weak, quick, and trembling.
 Heat increased by motion; dry heat, driving him out of bed.
 Chill predominates in spite of many covers.
 During the day chills with flushes of heat, followed by profuse perspiration, especially at night.
 Sweat on the affected parts.
 Sound sleep with great sweat.
 Anxiety during the whole paroxysm.
 Thirst between hot and sweating stage.
 Restless nights with anxious tossing about; sleep only towards morning.

Changing mood, merry all day; in the evening anxious and full of fear; hopelessness; indifference.
 Mental dulness; imbecility.
 Consequences of anger and vexation; hopelessness.

ARSENICUM.

Upper left, lower right side.
 Want of body irritability (torpid weakness).
 Gnawing in internal parts; insensibility or sensation of numbness in internal parts.
 Sensitiveness of external parts.
 Itching, < by scratching.
 Paralysis with atrophy of the muscles.
 Erysipelas around the joints.
 Distension of the veins of the feet.
 Emaciation, especially of the feet, and atrophy of the tips of the fingers.
 Pulse generally small and weak.
 Heat, with aversion to uncover.
 Chill lessened after getting out of bed.
 During the day, chills; at night, sweats.
 Chill on lower, sweat on back part of body.
 Sweat disappears during sleep or on awaking.
 Talkativeness during sweat.
 Most thirst during sweat, least during chill.
 Sleepless after midnight, this awakes too early.

Hopelessness, malice, greediness, mental dullness.
 Loquacity, weakness of memory.
 Aliments from vexation, with dread, fear, or reserved mortification.

PHOSPHORUS.

Upper right, lower left side.
 Increased irritability (irritable weakness).
 Gnawing in external parts; sensation of numbness in external parts.
 Sensitiveness of internal parts.
 Itching > or < by scratching.
 Paralysis; seems nervous (central); apoplexy.
 Vesicles in groups around the joints.
 Distension of the veins of the hands.
 Emaciation of the hands.
 Pulse generally full and hard.
 Heat, with inclination to uncover.
 Chill increased after getting out of bed and by motion.
 In the morning cold, in the evening heat.
 Sweat on the lower front part of the body.
 Sweat disappears on awaking.
 Dislike to talk during the sweating stage.
 Want of thirst.
 Sleepless before midnight, this awakes too early.

Changing mood, anativeness, haughtiness, mental excitability, ecstasies.
 Taciturnity, active memory.
 Consequences of rage and vexation with fright.

ANTIMONIUM TART.

Ailments after the abuse of China, Baryta, and Sepia.
 Sunken face, lived red, or pale and sunken.
 Nausea in stomach and abdomen; less often in throat; shifting of flatus with rumbling in bowels.
 Predominance sour vomit or bitter sour.
 Extraordinary appetite for apples and thirst for cold water; aversion to milk, whiskey, and tobacco.
 Urine scanty; frequently dark.
 Expectoration not constant, in the morning.
 Fluent coryza predominant.
 Diphtheritis with plastic exudations.
 Respiration with great rattling of mucus.
 Short gasping inspirations, and long slow expirations.
 Voice hollow.
 Rheumatic dilatation of heart.
 Pustular skin diseases, whether acute or chronic.
 Rapid decomposition.

Remission during the day.
 Aggravation from evening till morning; always < in bed, also when rising from bed; better after rising.
 Worse after perspiring; after perspiration rather better than worse.
 Worse from drinking.
 Sharp cutting colic before stool, > after stool, pains mostly around umbilicus.
 Better in cold weather.

ARSENICUM.

Ailments from lead or abuse of China.
 Changed expression of the face.
 Nausea in throat, fetid flatus.
 Bitter or sour acrid vomiting, of blood.
 Appetite for coffee, bread, especially rye bread; aversion to cold or iced drinks.
 Urine scanty (with diarrhoea) or copious.
 Free expectoration, but not constant, during the day.
 Watery discharge causes burning or smarting in nostrils.
 Membrane dry-looking and wrinkled, great factor.
 Wheezing respiration, with cough and frothy expectoration.
 Deep, quick inspirations, and difficult, interrupted expirations.
 Voice trembling, weak, unequal.
 Idiopathic heart troubles.
 Idiopathic skin diseases, with burning pains; asthenic cases.
 Bodies of the poisoned withstand decomposition.

Remission before midnight and during the day.
 Improved from warmth of bed; better after sufficient sleep and when getting out of bed.
 Profuse cold clammy perspiration.
 Worse from cold drinks; from cold diet in general; > from warm.
 Wind colic > when lying down and growing warm in bed.
 Worse in dry weather in winter, in the open air.

PHOSPHORUS.

Ailments from abuse of common salt.
 Color of the face changes often.
 Nausea in stomach, odorless flatus.
 Vomiting of bile, of blood.
 Aversion to coffee or rye bread.
 Urine frequent, but scanty.
 Expectoration not constant in the morning and during the day.
 Profuse discharge of green or yellow mucus from the nose.
 Sequelae of diphtheria.
 Noisy, panting respiration.
 Difficult inspiration; chest feels full and heavy, with tension, < after eating.
 Catarrhal or nervous aphonia.
 Sympathetic heart disease.
 Idiopathic, dry, scaly eruptions; hæmorrhagic diathesis.
 Bodies of the poisoned decompose rapidly.

Remission after midnight.
 Worse or better during sleep, > when getting out of bed and when assuming an erect position.
 Worse or better while perspiring during sleep.
 Worse while drinking, better after drinking; warm diet aggravates; cold diet improves.
 Wind colic < when lying down and getting warm in bed.
 Worse in summer, in a warm room, from wrapping up.

his antispotics, because he knew that deficient vitality, from heredity or acquired, is at the bottom of many an affection, where we all use it with so much benefit. The malignancy of Arsenic shows itself in necrobiosis, and the fatty degeneration of the *Metallum album* is the fat of the cadaver; the fatty degeneration of Phosphorus is at first a mere stagnation, and allows, therefore, a more favorable prognosis. Though often of use in persons thin and slender, with a narrow long chest, a phthisicky habit, it may be just as frequently indicated in fair-complexioned sensitive patients inclined to corpulence.

In conclusion we may be allowed to give from Raue's *Special Pathology*, third edition (no better and more trustworthy authority can be given), the differential points in a few diseases. Let us begin with pneumonia.

Arsenicum.—Great anxiety and restlessness, with tossing about; great thirst, but drinking little at a time; burning and heat in the chest; *pale face; cold extremities; prostration*. (Here we desire to lead the attention of our readers to *Stibium arsenicosum*, especially in desperate cases threatening asphyxia.) *Arsenicum iodatum* benefited us in cases of pneumonia complicated with valvular affections of the heart, especially mitral.

Phosphorus.—Stupor, with burning hot head; red-hot cheeks; red ears; contracted pupils; closed mouth. Murmuring and gesticulating in delirium. Takes water when offered greedily, but cannot swallow more than one sip, on account of shortness of breath. Wing-like motion of *alæ nasi*. The carotids pulsate violently; *the heart beats strong; the pulse is very quick; the skin dry and hot*. Great tightness across the chest; diarrhoea. The expectoration, when falling on paper, will break and fly like thin batter. (Bayes, in his *Applied Homœopathy*, p. 135, asserts that he found Phosphorus very useful in the coughs and chest symptoms which sometimes supervene and complicate typhoid and typhus fever; expectoration rusty, greenish, sometimes fetid. Crepitation in the lungs, with or without expectoration, and with a sensation of heat or sharp pains during inspiration.

Antimonium tartarisatum.—Great rattling of mucus; much coughing, with copious frothy expectoration, or else no expectoration. Impending paralysis of the lungs; œdema of the lungs; great *dyspnœa and fits of suffocation; cyanosis*.

Let us close with a disease so prevalent in our neurasthenic age, dyspepsia, and we find under

Arsenicum.—Heartburn, gurgling up of acid burning fluid, excoriating the throat. Red and irritated tongue, which feels

heated and rough, as if scalded; burning heat in stomach and abdomen; epigastric swelling, with painfulness to pressure, and even to contact; sensation as if the stomach was full of water; *nausea, vomiting, and diarrhoea after drinking cold or acidulated water; relief from hot drinks*; cannot bear the smell or sight of food; anxious restlessness; sensation of faintness; cold skin and extremities; prostration.

Phosphorus.—Chronic dyspepsia; cardiac anguish at night, with nausea and a peculiar craving for food, relieved by eating; ravenous hunger; *desire for very cold water*; dryness of tongue and throat; pyrosis; regurgitation of food soon after taking it; burning in stomach, relieved by cold water, which is soon thrown up again as it becomes warm in the stomach; the passage of flatus relieves; heat and congestion to head.

Antimonium tartarisatum.—Constant nausea; empty eructations of a foul odor; violent cough after eating, causing vomiting of food; bitter taste and bitter acid vomiting, especially at night; diarrhoea; dyspepsia from drinking sour wines.

How beautiful and interesting our Materia Medica is! what greater delight than its constant study!

THE ALUMNI POEM.

Composed by Prof. W. Tod Helmuth, M.D., and recited by him at the Second Annual Reunion of the Alumni Association of the Hahnemann Medical College of Philadelphia.

Our lives are likened unto books;
 The fleeting moments tell
 The words, the thoughts, the acts, the looks,
 That in the story dwell.
 A passion glooms athwart the page,
 A pleasure flashes bright,
 A noble act that lives to age,
 A deed that shrinks from sight.
 A yearning for the highest spheres
 Of God's eternal Truth,
 A sinking to the vice that smears
 The golden days of youth.
 The struggle when, by tempest, tossed,
 The sinking in the mire,
 The striving to regain the lost
 And rise to regions higher.

These are the themes that day by day
Crowd thickly o'er life's pages,
And history repeats the play
Down through the lapse of ages.
Oh! Time, why runnest thou so fast
Towards that mystic sea
Whose endless waves convey the past
On to Eternity?
Oh! Time, it seems so short a space
Since I within the halls
Of Alma Mater took my place,
That Memory recalls
(As lightning flashing in the night,
Far o'er a dark expanse,
Discloses with a brilliant light
The landscape at a glance)
Each kindly act, each word, each look,
Of those who then began
To people pages in my book,
That, though a gray-haired man,
I feel again—Oh! let it last
To-night without alloy—
The bounding pulses of the past,
The pleasures of a boy.
I sit again and list once more
To Matthews' earnest tones;
Hear Semple filled with classic lore,
And Gard'ner on the bones.
Dear Williamson, with cheerful face,
And thoughtful Small appear,
Botanic Freedley in his place,
Yea, all of them are here;
My dear old uncle—Father mine
Throughout my student days—
And Kitchen for the auld lang syne
Delight me now to praise.
Clinician Neidhard stands to view,
With Loomis, Sims, and Dake;
To Alma Mater always true,
I love them for her sake.

Again I turn a leaf, and then
Rejoice I saw that time,
For then, our great of greatest men,
Lived Hering in his prime.

Young was our Alma Mater then,
Her scions then were few ;
Are these old, wrinkled, care-worn men
The laughing boys I knew ?
As retrospection opens wide
The page I dimly see,
For overwhelming is the tide
That floods my memory.
Let Silence reign, 'tis quite as well
That I should hold my tongue,
'Twere bootless now the tale to tell,
The song need scarce be sung.
For many friends have gone to rest,
Some whom I loved full well,
The brightest, noblest, and the best
In youthful triumph fell.
In vain we call them from the gloom.
God bless them as they sleep !
But mem'ry green around their tomb
Let each Alumnus keep.

And as my book its story true
Unwinds the tangled thread,
And thoughts, and acts, and actors too,
Are numbered with the dead ;
Undaunted mem'ry lingers yet
O'er stories sweet and old,
Or ponders with a vain regret
As destinies unfold,
And show how blind with selfish light
We oft misjudged, condemned
Those very acts now seen aright
We glory to defend.
But tears are worthless to the dead,
Why contemplate our sorrow ?
Some pages still remain unread,
The present and to-morrow.
The Present, yes, this leaf we hold,
Let friendship rule the hour,
For friends are dearer far than gold,
When clouds and tempests lower.
The Present, let it linger yet
With fragrant mem'ries dear ;
It soon shall fade ; its sun shall set ;
Its eventide appear.

The mystic time e'en now is fixed,
 The shadows deepen fast ;
 Few fleeting moments lie betwixt
 To-morrow and the past.
 To-morrow ! Who is here to-night
 Would dare to shift the scene,
 Or gifted with weird second sight,
 Would see the dark unseen ?
 What spirit, be it e'er so bold,
 Would dare its fate to see ?
 Who could unshrinkingly behold
 His own futurity ?
 We know enough ; both thorns and flowers
 Are strewn o'er paths we trod ;
 The Past has fled ; the Present ours ;
 The Future leave to God.

INFLUENCE OF SEA BATHS IN SCROFULOSIS.—The prize essay of the Paris Academy of Medicine, entitled "De l'Influence des Bains de Mer Sur la Scrophule des Enfants, par Dr. Cazin," recommends itself as a highly valuable contribution to the literature of the therapeutics of scrofulosis. The author of the work, physician-in-chief of the famous French resort, Berck-sur-Mer, has an experience of an unusual extent, forty-one thousand seven hundred and eighty-three scrofulous children having come as patients under his observation. He prescribes—1, sea-air ; 2, external application of the sea-water ; 3, internal use of it. The principal beneficial effect, however, emanates, in Cazin's estimation, from the sea-air, which, by virtue of its ozone, purity, and aseptic properties, materially favors the blood-making process and the general innervation. The sea-water is ordered either in the form of the bath in the open sea or in the warmed basin ; besides these are used compressors, soaked in sea-water, against swollen glands and joint inflammations, irrigations against atonic ulcers and inflammations of the bony structures ; and finally, douches and atomization of warm sea-water. Cazin thinks but little of the beneficial effects of the warm sand-bath ; at least, he has never observed any therapeutic advantage from its use. Sea-water taken internally in small doses increases, according to Cazin's observation, the appetite, and corrects a faulty digestion. Bread and other vic-tuals, prepared with the aid of sea-water, contribute likewise to the tonic and resolvent effects of the sea-cure. The author details the treatment of the various forms of scrofulosis, such as gummata, cold abscesses, affections of the skin, infantile leucorrhœa, swelling of the glands, diseases of the eyes and eyelids, affections of the throat and nerves, and bone and joint defects. Even tuberculosis of the scrotum and scrofulosis of the intestines are discussed, all in an interesting and strictly scientific manner.

However agreeable and even salutary a short stay at the seashore is for a scrofulous child, permanent curative or reparative effects can only be anticipated from a stay of years, or, at the best, of several months, though there are notable exceptions to the latter observation. An interesting view of Cazin is the following : The tuberculosis of poor children can be cured more rapidly, thoroughly, and easily than that of rich children, the former being acquired, the latter inherited. Cazin also asserts that the phthisical process is checked and slowed by a protracted sojourn on the seashore.—*Therapeutic Gazette*, March, 1886.

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THE
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 The Editor is responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors.

Editorial.

ANOTHER NEW COLLEGE.—A movement has been started in Baltimore, Md., toward the organization of a homœopathic college in that city, and we are informed that a charter has been already obtained and a faculty selected, and that the college will “commence business” next autumn.

There is in the American professional mind an almost unanimous conviction that we have too many medical colleges already. This conviction is positive and outspoken, and the expressions of opinion on the subject have been by no means few. Everybody knows just how the profession feels about it. Hence in what we are about to say, we have not the slightest fear of doing violence to the sentiments of any considerable portion of our readers.

By way of comparison, it may be noted that the proposal to establish a college farther south—*i.e.*, in the city of New Orleans—is being chiefly urged by physicians living outside of that city. The project is warmly indorsed by physicians from several of the neighboring States, while the New Orleans physicians themselves have comparatively little to say about it. But we do not hear that physicians living outside of Baltimore have been urging the establishment of a college in that city. So far as our information extends at present, nobody seems to

care about it, except those who hold, or expect to hold, positions on its teaching and governing boards.

During the past four years, the American Institute of Homœopathy has been publishing the names and residences of the physicians graduating from our colleges. These lists show that during these four years, 1882 to 1885 inclusive, the State of Maryland has supplied sixteen new members to the American homœopathic profession, or an average of just four per annum. (We may mention in passing that six out of the sixteen had previously graduated from allopathic schools.) The States lying south and west of Maryland do not add materially to this average. A grand total of eight graduates per annum is the utmost that can be claimed for Maryland, Virginia, West Virginia, North and South Carolina combined. Delaware's students come—nearly all of them—from its most northern county, to which Philadelphia is more convenient of access than Baltimore. Delaware may, therefore, be left out of the question. Now, whether it is necessary, for the benefit of eight graduates per annum, to organize a new college within a hundred and eighty miles of two of the best colleges in the country, is a problem which physicians will not take much time to ponder, and which they will answer in the negative. It will not "fill a want," either felt or unfelt.

It is not likely that the new college will be satisfied with eight graduates a year. It will—if by any means it can—place itself at once in competition with other and older schools. What is the character of that competition likely to be? Will it offer better or more extensive facilities for acquiring a medical education, than New York, Philadelphia and Cincinnati can furnish; more skilful, more experienced, or more devoted teachers, more adequate means for illustration, better equipped laboratories, or more abundant clinical facilities? Scarcely, since such an offer could involve only the grossest deception and fraud. On such a basis there can be no possible rivalry between the Baltimore school and its older sisters.

There seems to be but one other line on which a competition can be conducted, and that is by offering to graduate candidates on a lower standard than that required by the other schools. There is not the slightest doubt that by such a method the new school could secure quite a measure of what some would call success. It might "succeed" in graduating quite a number of half-educated students; it might "succeed" in lowering somewhat the status and influence of homœopathy; it might even "succeed" in lessening the average duration of human

life; and it might—indeed it certainly *would*—“succeed” in delaying more or less the desirable work of elevating the average standard of homœopathic colleges generally; but such success would not be highly appreciated outside of its own faculty-room.

Homœopathy does not flourish in Baltimore as in most American cities of its size. Notwithstanding the wealth of its citizens, it has no hospital, and but one public dispensary. It has considerably less than half as many homœopathic physicians, in proportion to population, as most of our other large cities; and, as we have already intimated, its annual addition to the number is almost contemptibly small.

There is probably no city of equal size, in this country, in which a homœopathic college is less needed, or less likely to prove a real and valuable success. Looking at the subject from all sides, the new venture seems more likely to be productive of harm than of good, at least for a number of years. And it also appears as if the multiplication of low-rate homœopathic colleges in the United States is to go on indefinitely. Is the profession utterly helpless in this matter?

A CRYING NEED IN HOMŒOPATHIC PHARMACY.—Our homœopathic journals are urging upon the profession the importance of establishing some standard rule or rules for the preparation of medicines used in homœopathic practice. There are possibly some few innocent souls in the profession who imagine that all medicines offered for sale in homœopathic pharmacies are prepared according to one fixed and unchanging standard—the standard prescribed by Hahnemann himself. A very little inquiry will suffice to dissipate this opinion, and a comparison of the works extant upon the subject will reveal a rather astonishing amount of discrepancy, even in the modes prescribed for the preparation of some of our most important drugs. It is not our purpose to point out these discrepancies; it is sufficient to state that they involve the quality and characteristics of the drug material, of the vehicle, and of the relative proportions of vehicle and drug. The purchaser, moreover, receives with his wares no intimation respecting the rule by which they were prepared, and perhaps wonders at the differences manifested in their appearance, and possibly in their effects.

The labors of Dr. Carroll Dunham and his committee of the American Institute, to establish a fixed set of standards in homœopathic pharmacy, are familiar to all of us. Dunham's

work failed to receive its merited appreciation, and loss of health compelled its relinquishment ere it could be finished. A large amount of the work, however, was performed, and its completion ought not to be a very burdensome task.

It will doubtless be agreed that the fixing of such standards comes within the province of our great National Society. That body is the only one in this country whose dictum on such a subject would possess the quality of authority. It is very likely that some step toward this desirable object may be taken at the approaching session of the Institute at Saratoga. If so, it is exceedingly important that the general direction of the work should be in charge of those in whom both physicians and pharmacists can and do repose full and implicit confidence, and whose manifest interest in the subject will be a sufficient guarantee of the speedy and wise fulfilment of the task imposed upon them.

CLASS A AND CLASS B.—The homœopathic physicians of the United States are divisible—we came near saying “divided”—into two classes. “Class A” consists of those who pretty regularly attend the meetings of medical societies, and “Class B,” of those who pretty regularly don’t. As seen in their daily walk and conversation no one would note much difference between them. They seem to be equally skilful, equally attentive to their patients’ interests, and equally honest and conscientious. They appear to enjoy an equal share of patronage, and an equal amount of domestic and social happiness, and the only way in which even a close observation will enable one to distinguish between them is, that Class A receives, as a rule, the greatest share of public honor, and Class B, as a rule, dies soonest. Otherwise we may say they are pretty much alike.

And yet, though A and B may be as like as two peas externally, there is—there must be—a vast unlikeness as respects their inwardness. And this inwardness can be differentiated by a very superficial examination. Ask Dr. B.,—a man in good practice,—if he is going to Saratoga this June, and he answers: “No; can’t afford it.” Ask Dr. A., and he replies: “Certainly; couldn’t afford to stay away.” Yet the one is no more capable of deriving benefit from the Institute meeting than is the other. Again ask Dr. B. the question, and he says: “No; I have an important obstetric case that will prevent my going.” Mention B.’s answer to A., and he responds: “I’d like to see the obstetric case that could keep me away;”

and then he adds with a twinkle in his eye, "it would have to be in my own house, you know." A little more questioning will reveal the fact that those reasons for staying away from the Institute meeting, which fully satisfy one of these physicians, have not the slightest weight with the other. No; the men are not alike after all.

We wish to avoid getting into hot water with Dr. B. There are so many of him that it might not be prudent. Hence we shall not venture to impute to him any wrong motives. The most we shall say is that he probably forgets some things about medical societies which he ought to remember. He forgets that medical societies stimulate and foster medical research, and so make him a more successful physician than he would otherwise be. He forgets that to medical societies we owe much of our professional progress, much of our professional influence, much of our professional unity, and about all of our professional liberty. He forgets that but for medical societies he would not be allowed to practice homœopathy at all, and that even his own wife and children would be deprived of its help in their direst need. And he forgets most of all that he—Dr. B.—owes to medical societies, the Institute included, just as much as Dr. A. does, notwithstanding the fact that Dr. A. is a member and *he* isn't. A physician's refusal to acknowledge his professional relations does not exempt him from the duties pertaining to those relations—not by any means. This business of absorbing all one can of the benefits of medical societies and giving nothing in return is "not a fair shake."

Now, about this meeting at Saratoga; some of the older members are predicting that it will be one of the biggest and best the Institute has ever had. Perhaps it will; but if it is to be utterly flat, stale and unprofitable, still Dr. B. *ought* to attend it. What if he *has* an obstetric reason for staying at home? If all those who expect an obstetric case were to stay away, the session would be as slimly attended as a pauper's funeral. No! No! our patients demand our attention, it is true, but the Institute has some claim upon us also, and the physician who cannot carry away from any Institute meeting something to benefit his patients, must be either unusually learned or unusually thick-skulled.

IGNORANT AND CARELESS.—A journal published in Philadelphia, and titling itself "homœopathic," in speaking of the late Professor Farrington, intimated that he was "the only consistent homœopathist" in the Faculty of Hahnemann Col-

lege. To us the remark seemed grossly out of place; but our most unpleasant reflection arose from the fact that it was possible for a man of Dr. Farrington's nature to be voluntarily associated with a Faculty whose members, one and all, professed one thing and practiced another. We had never believed him capable of it. But there came the comforting thought that probably the editor who penned the article did not know what a "consistent homœopathist" is, or else that he did not know much about the inside workings of medical colleges in general, and of the Hahnemann College in particular, and that, therefore, his opinions on such subjects might be taken *cum grano salis*.

But these comfortable assurances have proved delusive. They have been rudely dashed. That journal does know all about the true inwardness of a medical college, and what is more, it takes a deep and intelligent interest in things collegiate; as witness the following from its March, 1886, number:

"IGNORANT OR CARELESS.—Some years ago the Jefferson Medical College of this city built a handsome hospital building in a dirty, back alley, where the pure zephyrs from the *sewers* would be gently wafted in at each window and every crack. Over adjacent to this so-called *hospital* are the dissecting rooms, built near one another, probably so the one could supply the other.

"Trying to outdo the Jefferson College the Hahnemann Medical College build thusly. (We quote from their *description* of the New College Building, page 7.)

"On the fourth floor will be placed the dissecting rooms, 34x40 feet, with abundance of side and skylight, *with large rooms for practical surgery and obstetrics.*' Are these death-traps due to ignorance or to carelessness?"

There it is! Just look at it! And look at those *italics*! It's a wonder the whole article was not similarly displayed. What sensitive individual can contemplate those "dissecting rooms" and "rooms for practical surgery and practical obstetrics," all on the same floor, without a chill of horror? Who can imagine the workings of this "death-trap" and not feel an *italic* rigor wriggling up and down his spinal column? Suppose, for instance, some venerable "subject" in the dissecting room should transmit senile gangrene, or something, to those stuffed paddies in the practical surgery room; suppose a cadaver, after undergoing the amputation of all its limbs, and the ligation of all its arteries, and having been subjected to lithotomy and laparotomy, and gastrotomy and tracheotomy, and herniotomy, and the dear knows what else, should contract, in the residue of its mortal anatomy, some sort of septicæmia or other, and infect its brother cadavers! Or suppose the maternal mannikin in the obstetric room, after giving birth a

couple of hundred times to the foetal mannikin, should incur puerperal metro-peritonitis: suppose, in other words, the "death-trap" should catch the birth-trap! What hope would there be, then, for the generations of mannikins yet unborn? And suppose that poor, little, much-delivered but orphaned mannikin, thrown on the cold charities of medical students, and all unprotected, should toddle into the dissecting-room, pick up a bad case of diphtheria, and depart this college life unbaptized and unvaccinated. Who would be held responsible for the operations of this "death-trap?" We answer, the men whose "ignorance or carelessness" placed the dissecting-rooms on the same floor "with rooms for practical surgery and obstetrics."

Our "homœopathic" contemporary has spent much of the five years of its life in criticising and belaboring homœopathic colleges, homœopathic societies, homœopathic books, homœopathic physicians and homœopathic things generally. Let it go right on in the work for which it seems so eminently qualified. It must be now sufficiently evident, that its editor knows all about the inside arrangements and workings of a homœopathic college—same as he doubtless knows what constitutes a "consistent homœopathist."

THE PENNSYLVANIA SANITARY CONVENTION, to be held in Philadelphia, May 12th, 13th and 14th, promises to be an important event. Delegates are expected from nearly all the twenty-nine State boards and from many local boards of health. Dr. Pepper, Provost of the University of Pennsylvania, will preside, and an important list of vice-presidents, including representative physicians, allopathic and homœopathic, and other eminent citizens, will add dignity to the occasion. Governor Pattison will deliver an address of welcome. Hon. Erastus Brooks, of New York, will also deliver an address during the session, on the Relation of the Citizen to Public Sanitation. About thirty papers, most of them by well known sanitarians, will be presented and discussed. Physicians and all others specially interested in the subject of Public Health are invited and urged to attend. The Convention will be held in McCaull's Opera House, Broad Street, opposite the Academy of Music. The May meeting of the State Board of Health, under whose auspices the Convention is to be held, will occur during the session.

DR. D. H. BECKWITH, our well-known homœopathic colleague, of Cleveland, Ohio, was appointed, April 23d, by the

Governor of his State, a member of the State Board of Health, and the appointment was confirmed by the Senate. The doctor is an expert in sanitary matters, a member of the (Cleveland) City Board of Health, and chairman of the Bureau of Sanitary Science, American Institute of Homœopathy. We congratulate Ohio.

Notes and Comments.

KNIGHTS OF LABOR.—*Accoucheurs.* Also the wee sma' hours when they are "out on a strike."

ANOTHER successful case of intubation of the larynx is reported by Dr. W. P. Northrup. The patient had diphtheritic croup and was only three years of age.

BILLROTH of Vienna is reported to have recently found and ligated the lingual artery with his eyes closed after having made the first incision only with the aid of sight.

PROGRESS OF THE ALLOPATHIC SCHISM.—"That there is a movement on foot to organize a new National Association, there can be no reasonable doubt."—*Medical and Surgical Reporter.*

"**ABOUT THIS TIME**" is the proper time to determine that you "will go to the Institute Meeting at Saratoga." Decisions made just prior to the meeting come rather late, and are very apt to be wrong decisions.

CATARACT OPERATIONS.—This month Dr. Winslow closes his very instructive report of his Graefe operations. He purposes, however, to give our readers soon, some General Reflections upon the subject of operations for cataract. His paper will be heartily welcome.

TYPHOID FEVER CASES occurring in the city of Philadelphia must hereafter be reported by the physician in attendance, in the same manner as heretofore required in the cases of diphtheria, scarlatina and other infectious diseases. A rule to this effect was recently adopted by the Board of Health.

SUPERSTITION IN MEDICINE.—In North Wales herpes zoster is called the eagle's disease. The remedy for it is considered by the country people to be the inunction of the saliva of a person who has eaten eagle's flesh, or whose ancestors have done so. The saliva must be obtained early in the morning, before the eagle eaten has partaken of food.

QUITE RECENTLY Brown-Séquard announced that the use of coffee was the cause of pruritus vulvæ and pruritus ani. A correspondent of the *Lancet* writes that he had for some time suffered from pruritus ani, and he was accustomed to a large cup of strong coffee after dinner. He gave up the coffee on account of a digestive disorder, and the pruritus promptly disappeared.

MEXICO is blessed with medical colleges stationed at Celayo, Toluca, Tlaxcala, Orizaba, Jalapa, and Vera Cruz, the faculties of which consist of one professor in each, who, emulating the example of "The Lord High Everything Else" of Mikado fame, combines in himself Professor of Materia Medica, Anatomy, Physiology, Chemistry, Practice, Surgery, Gynecology, Obstetrics, Microscopy, Pathology, etc., etc., etc., etc.

TWO WAYS OF LOOKING AT IT.—“Dr. C. B. Currier of San Francisco, Dean of the Hahnemann Medical College, reports a united profession, all laboring for the success of the school on the Pacific Coast.”—*Medical Era*.

And yet the wicked *American Homœopathist* of the same date gives a detailed account of a “row” in the San Francisco college which ended in the forced resignations of Drs. George M. Pease and A. McNeil from the faculty.

WHY NOT?—Dr. Talbot, in a private note (a part of which we venture to make public), evidently believes we are going to have a “rousing” meeting at Saratoga. He says:

“Why cannot the first session be on Monday evening, June 28th? Most of the members get there by 5 o'clock. It will be rather stupid, hanging around and waiting till ten the next morning, and a two hours' session would help along the whole meeting.” Has the committee the necessary authority to make the proposed arrangement?

New Publications.

HANDBOOK OF DISEASES OF THE NERVOUS SYSTEM. By James Ross, M.D., LL.D. Philadelphia: Lea Brothers & Co., 1885.

When a few years ago Dr. Ross published his extensive treatise on *Diseases of the Nervous System* in two large volumes, his work became the standard authority among English-speaking specialists, and the position of the author among neurological writers was at once assured. The treatise above referred to was entirely too elaborate, however, for the use of the general practitioner and student. To meet the requirements of these, Dr. Ross has written his *Handbook of Nervous Diseases*. The work is divided into two parts, a general and special neurology. Reviewing the first of these parts, that relating to general neurology, we find Chapters I. and II. devoted to the usual anatomical and physiological introductions. Here all the anatomical and physiological facts relating to the subject are arrayed in an eminently practical manner, so that the student reads with interest, and what is more important, remembers what he reads. Chapters IV., V., VI., and VII., treat of “General Symptomatology.” The author's classification and arrangement of the symptoms of abnormal nerve action is such as to attract the interest of the reader at once. Chapter VIII., on “General Treatment,” closes the part of the work devoted to general neurology.

Turning to the second part of the work—that relating to special neurology—we find that the author has in the presentation of the subject adopted a thoroughly clinical classification; and this greatly enhances the value of the work. Diseases which are liable to be confounded with each other are described together. For example, paralyzes associated with atrophy are treated in one chapter, those associated with spasm or rigidity in the next. Questions relating to pathology are relegated to the background, and in some cases omitted altogether. Comparing Dr. Ross' *Handbook* with his exhaustive *Treatise*, we find the former to be a thoroughly practical abridgment of the matter presented in the latter, together with new facts acquired

through the rapid advancement of neurological science. While the *Hand-book* was written for the general practitioner and the student, it is eminently fitted for the specialist as well. None can peruse it without profit.

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A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M.D. Sixth edition. Thoroughly revised. Philadelphia: Lea Brothers & Co. 1886.

A work that has gone through six editions and has attained such popularity among physicians, as has Lewis Smith's treatise on children, requires no notice from us to recommend it. In this edition the author has thoroughly revised much of the text and rewritten the sections on scarlatina, croup, cerebro-spinal fever, and infantile diarrhœa. The chapter on scarlatina is a masterly exposition of the subject; it is, however, essentially the same article as appears from Dr. Smith's pen in Pepper's *System of Medicine*.

We find little mention made in the book of phimosi as a reflex cause of many nervous symptoms in children. We therefore presume that the author has very little confidence in this deformity giving rise to any other than local symptoms. With this we are in perfect accord.

Regarding the etiology of chorea, Dr. Smith believes the disease to be associated intimately with rheumatism in many cases. He quotes authorities in support of his position. He neglects to mention, however, the observations of Sturges, which are, we believe, the most complete in our literature.

The pages devoted to the treatment of infantile constipation are of unusual interest. Chicken, beef, and mutton tea are recommended as having a laxative effect, as also are scraped apple and apple-sauce. The author highly recommends infant foods containing glucose, as Horlick's "Sugar of Malt," as extremely valuable for the relief of constipation. Of the amylaceous articles of diet, oatmeal is most laxative. The free use of cold water (by the mouth) is also a material aid in the treatment of troublesome cases. The external application of cold water to the abdomen we would not like to endorse.

The work, as a whole, is invaluable to the general practitioner. No work on pædology yet published covers the subject so thoroughly as does the one under review.

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CYCLOPÆDIA OF DRUG PATHOGENESY. Issued under the auspices of the British Homeopathic Society and the American Institute of Homeopathy. Edited by Richard Hughes, M.D., and J. P. Dake, M.D., aided by a consultative committee of the two societies. Parts II. and III. E. Gould & Son, 59 Moorgate St., London, E. C., and Boericke & Tafel, New York and Philadelphia.

This important work is thus extended to the article "Berberis," and the three parts now issued aggregate 576 pages. Part IV., soon to be issued, will complete the first volume. The editors are to be thanked for the energy, as well as for the care and research they are expending upon the work. It

must not be forgotten that, to the student and physician desiring to really master the *Materia Medica*, this work will be indispensable. D.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. For the Use of Physicians and Students. By James Tyson, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, etc. Fifth edition. Revised and corrected, with colored plates and wood engravings. Philadelphia: P. Blakiston, Son & Co. 1886. 12mo., pp. 250. Price, \$1.50.

Standard, thorough, practical, convenient, reliable, cheap. "That's about the size of it." It tells the physician just what he wishes to know, and then it stops. We speak from long practical acquaintance. D.

THERAPEUTIC KEY: OR, PRACTICAL GUIDE FOR THE HOMŒOPATHIC TREATMENT OF DISEASE. By I. D. Johnson, M.D. Fifteenth edition. Revised, improved, and enlarged. Philadelphia: F. E. Boericke. 1886.

Johnson's *Therapeutic Key* needs no word of commendation. It long ago forced its way into the confidence of the profession, and to-day is consulted daily by a very large proportion of our working homœopaths. Men read it in their offices, in their carriages, on the street-cars, and *some* even at the bedside. This new edition keeps pace with our growing knowledge and extending experience, and will, we think, fully maintain its old-time popularity. D.

THE BIOCHEMICAL TREATMENT OF DISEASE. By Dr. med. Schüssler, of Oldenburg. Twelfth edition. Translated, with the addition of a repertory, by J. T. O'Connor, M.D., of New York. Philadelphia: F. E. Boericke. 1885.

Schüssler's "Tissue Remedies" have somehow or other secured quite a reputation among homœopathic prescribers—a fame based upon a long list of reputed cures. That these inorganic proximate principles of tissues do possess most valuable therapeutic properties has been established beyond dispute, no matter whether we accept Dr. Schüssler's views respecting their action and relation or not. The author insists that to employ these twelve remedies successfully their action should first be thoroughly studied and memorized. "My book," he says, "is not designed for those who essay to traverse, on one foot only, the province of biochemical therapeutics." The work is a 94 page duodecimo, cheap, and ought to have an extensive sale. D.

A COMPEND OF HUMAN PHYSIOLOGY. Especially adapted for the use of medical students. By A. P. Brubaker, M.D., Demonstrator of Physiology in the Jefferson Medical College, etc. Third edition. Revised and enlarged, with illustrations and a table of physiological constants. Philadelphia: P. Blakiston, Son & Co. 1886. 12mo., pp. 166. Price, \$1.00. Interleaved, \$1.25.

The best little book of its kind within our knowledge. We commend its constant use to medical students. It does not pretend to take the place of text-books or of lectures, but as a quiz compend it is invaluable. D.

PUBLICATIONS RECEIVED.

REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. Volume II. Wm. Wood & Co.

SYSTEM OF MEDICINE. Arndt. Volume II. F. E. Boericke.

THE AMERICAN HOMŒOPATHIC PHARMACOPŒIA. O'Connor. Third Edition. Boericke & Tafel.

THE PRINCIPLES AND PRACTICE OF SURGERY. Hamilton. Wm. Wood & Co.

Gleanings.

HEGAR'S SIGN OF EARLY PREGNANCY.—Dr. Grandin's experience with Hegar's sign of early pregnancy, enables him to assert as early as the fourth or sixth week that gestation exists. During the first six to eight weeks of pregnancy, the changes in the uterus are practically limited to the body of the organ. The uterine body enlarges, especially in its antero-posterior diameter. The muscular substance becomes less dense. These changes are simply the result of the hyperæmic condition into which the corpus is thrown and kept by the engrafting of the impregnated ovum. As the result of such changes, the uterine body loses its nulliparous pear-shape; the body bellies out over the cervix, in all the transverse diameters, in particular antero-posteriorly, and the organ resembles in shape an old-fashioned fat-bellied jug. The above changes in the consistency and shape of the body of the uterus, constitute Hegar's sign. In the vast majority of cases, owing to the normally slight anterior curvature of the uterus, the internal examining finger will note this sign to the best advantage in the anterior cul-de-sac.—*Medical Record*, February 27th, 1886.

CAMPBOR INTOXICATION.—The case was that of a young man with no hereditary tendency to nerve-disease, and in apparent good health, who, for a slight catarrh and insomnia, took by mistake 300 grains of camphor. Soon after he seated himself at the dining-table, felt chilly, lost power of speech, was bewildered, and finally cried out that he was crazy. A physician was called and an emetic given, which brought up much of the camphor. He was taken to his room, and, excepting some chills, and hallucinations of vision, and sensations of trembling, he recovered and was out in two days at his work again. Three weeks later he suffered from severe headache, and had a well-marked hysterical sensation of choking, and when in bed suffered from a sickening sensation of swinging. Later, exact ideas of time were lost, everything seemed new, and at the beginning, although able to work, all events seemed new and strange. Sensation of his height became perverted; he thought he was higher than the houses and suffered at the thought of the great disadvantages of his height. By striking himself on the head, he felt better. He went to an asylum and was better at first, but finally fell into a mechanical state of existence; was contented with everything, had no care for himself or any one, would talk and seemed to realize what was said, but had no interest or continued memory of events. Two weeks later he recovered and went about as usual. After six weeks' residence he went home, and on greeting his family was thrown into a trance state, in which he could not talk or act, but yet fully realized what was said or done about him. Two weeks after, from some excitement in his family, he had another trance state, and came out of it very weak and trembling. For a long time after, he was conscious of an unstable brain, which seemed balanced on a very slight point, likely at any moment to be turned over. Fragments of conversation went whirling through his mind, and at times his surroundings were

all perverted. He would walk about and never know what he was doing or where he was. He was somnambulist. From this time, the case continued to recover. The disorders of sensation and hallucinations of the senses, which he seemed to partially realize, pointed to central brain disturbance that was undoubtedly the beginning of very grave lesions. This poisonous dose of camphor either kindled into activity a latent nerve-defect that was a legacy from the past, or it produced some cell-changes in the great centres. This emotional instability, with disordered and changing sensations and hallucinations, presenting the most diverse and complex symptoms, is often seen in inebriates, although they have been for months free from spirits. In other cases it follows a single paroxysm of intoxication, and lasts for months or years.—*Medical and Surgical Reporter*, February 6th, 1886.

OBSTRUCTION OF THE LACHRYMAL DUCT AND NASAL CATARRH.—Dr. Harrison Allen concludes from his observations that obstruction of the lachrymal duct and nasal catarrh are frequently associated. The duct, he says, is obstructed in two classes of catarrh only, namely, in chronic nasal catarrh, in which there are submucous infiltrations and atrophies, and in cases in which the bony walls of the nasal chambers are attacked either by osteitis or necrosis. Twenty patients with obstruction of the lachrymal duct were examined by Dr. Allen, and in every case chronic nasal catarrh was present. These, however, were all dispensary patients. In private practice, he has met with but three cases in which the affections were coincident.—*Medical News*, February 6th, 1886.

FIFTEEN CASES OF INTUBATION OF THE LARYNX.—Dr. Dillon Brown, resident physician at the New York Foundling Asylum, reports fifteen cases of intubation of the larynx for diphtheritic croup, performed by Dr. O'Dwver. The patients were all foundlings. Four recovered and nine died. The youngest child that recovered was a few months past three years old. The cases were selected without regard to the hopeless character of the case. One-third of the cases were less than sixteen months of age. Two other cases had tuberculosis; and still another had rachitis. It will thus be seen that the material operated was so poor that the operation was put to a very severe test and with comparatively good results.—*Medical Record*, April 10th, 1886.

News, Etc.

PERSONAL.—Dr. J. Herbert Reading has removed to 1811 Green St., Phila. Dr. Edwin Van Dusen to 2004 Tioga Street, Philadelphia. Dr. John E. James to 1521 Arch Street, Philadelphia. Dr. Henry T. Wilcox to 106 N. Fifteenth Street, Philadelphia. Dr. F. W. Messerve to 216 Franklin Street, Philadelphia. Dr. E. M. Hale, of Chicago, is spending April in Florida. Dr. H. I. Jessup has returned from Europe and located at 1632 N. Broad Street.

Dr. Gertrude Gooding to Newport, Rhode Island.

Dr. Julia Holmes Smith, of Chicago, was thrown from her carriage and injured quite seriously. We are happy to say that her disabilities from the accident will be but temporary.

A son of Dr. Mahlon Pres' on, of Norristown, was accidentally shot in the abdomen by a companion. His injury, while dangerous, is not necessarily fatal.

Dr Hermann Hartlaub died March 19th, 1886, at the age of 79 years.

PERSONAL.—Professor R. Ludlam, of Chicago, has changed his consulting rooms and residence to No. 1823 Michigan Avenue.

Dr. S. Wright Hurd has removed from Akron, N. Y., to Lockport, N. Y., and formed a partnership with Dr. A. J. Evans.

Dr. T. C. Duncan, for twenty years editor of the *United States Medical Investigator*, of Chicago, has resigned in order to accept the position of Medical Director of the "Homœopathic Aid Association," an organization formed for the purpose of insuring lives on the mutual assessment plan.

Professor J. W. Dowling's two sons, John W., Jr., and George B., graduated from the New York Homœopathic College at the recent commencement of that institution. John W., Jr., who is a graduate of Columbia College, had already received the degree of Doctor of Medicine from the Regents of the New York State University, after qualifying before the State Board of Examiners. At the commencement exercises he was presented with a valuable microscope, the first faculty prize for the highest standing in all the branches taught throughout his entire period of study. He also received Professor Talcott's prize of fifty dollars in cash, for the best written report of the Professor's lectures. Both of them will locate in New York City.

THE SECOND ANNUAL MEETING OF THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA was held at the St. George Hotel, Philadelphia, Wednesday evening, March 31st, 1886. The Association was called to order with the following remarks at 9 P.M. by the President, Prof. W. Tod Helmuth, M.D., of New York: "In calling this meeting to order, I feel it my first duty to thank this Association, the members of which are all my brothers, old and young, for the honor they have conferred upon me in electing me their President. You will permit me to say that the fecundity of our *Alma Mater* can only be equalled by the beauty of her off-spring. A number of years ago, somewhat over thirty, I was born. My *Alma Mater* was then in her youthful days, but from that time to the present, year after year, she has increased her sphere of usefulness and extended her sway over the entire globe, and exalted herself to a position of which we may be proud. Therefore, gentlemen, I say that I feel it an honor to be the President of my own mother."

The report of the Faculty was presented by the Dean, A. R. Thomas, M.D., who spoke flatteringly of the prospects of the institution. The new college building is nearing completion, and will be ready for its occupants in the early fall. He also gave a short review of the financial condition of the college. This was also encouraging.

The Secretary, Dr. W. W. VanBaun, then read the names of 135 physicians who had made application for membership in the Association. On motion of Dr. J. H. McClelland of Pittsburgh, these gentlemen were duly elected.

The necrologist, Dr. J. Lester Keep of Brooklyn, reported in reference to the death of Dr. E. A. Farrington.

The Treasurer, Dr. W. H. Bigler of Philadelphia, reported a balance on hand of \$115.65.

The following were appointed a committee to nominate officers for the ensuing year: C. E. Toothaker, '51, of Philadelphia; Geo. A. Hall, '56, of Chicago; Jno. W. Dowling, '57, of New York; Wm. Malin, '58, of Philadelphia; Thos. Shearer, '59, of Baltimore; Jno. Malin, '60, of Philadelphia; P. Dudley, '61, of Philadelphia; C. S. Middleton, '62, of Philadelphia; H. N. Martin, '65, of Philadelphia; J. G. Streets, '66, of Bridgeton, N. J.; Geo. I. McLeod, '67, of Philadelphia; R. C. Allen, '68, of Philadelphia; Wm. B. Trites, '69, of Philadelphia; Geo. W. Parker, '70, of Philadelphia; Wm. H. Keim, '71, of Philadelphia; J. C. Guernsey, '72, of Philadelphia; S. H. Quint, '73, of Camden, N. J.; C. Mohr, '75, of Philadelphia; A. P.

Williamson, '76, of Middletown, N. Y.; E. M. Howard, '77, of Camden, N. J.; J. H. Reading, '78, of Philadelphia; F. E. Williams, '79, of Had-donfield, N. J.; Wm. B. VanLennep, '80, of Philadelphia; N. Clark Burnham, '81, of Brooklyn; O. S. Haines, '82, of Philadelphia; D. P. Maddux, '83, of Brooklyn; J. W. Giles, '85, of Philadelphia; P. M. Cooke, '86. This Committee reported through its Secretary, Dr. S. H. Quint of Camden, the following nominations: *President*, Dr. J. H. McClelland, '66, Pittsburgh; *Vice-Presidents*, Drs. Geo. A. Hall, '56, Chicago, Ill., J. W. Dowling, '57, New York, and J. Lester Keep, '60, Brooklyn, N. Y.; *Secretary*, Dr. W. W. VanBaun, '80, Philadelphia; *Provisional Secretary*, Dr. Clarence Bartlett, '79, Philadelphia; *Treasurer*, Dr. W. H. Bigler, '70, Philadelphia; *Executive Committee*, Drs. VanLennep, '80, Williamson, '72, and Ivins, '79, all of Philadelphia.

The Association then adjourned to the banqueting hall, where an elegant repast was enjoyed by the Alumni and their guests. President Helmuth occupied the Chair, while on his right sat Governor Pattison, and on his left, Hon. E. A. Armstrong, Speaker of the New Jersey House of Representatives. Dr. W. B. Trites, of Philadelphia, officiated as toast-master, and sentiments were responded to by Dr. Pemberton Dudley, Dr. J. W. Dowling, of N. Y.; W. McGeorge, Jr., Esq., Dr. E. L. Mann ('86), Dr. J. H. McClelland, of Pittsburgh; Governor Pattison; Hon. Francis Wells, editor *Philadelphia Bulletin*; Hon. E. A. Armstrong, of Camden, N. J. A letter of regret and congratulation was received from Dr. S. H. Talcott, of Middletown, N. Y. in response to the toast "Our Sister Alumni Association." Dr. H. N. Martin, in a neat speech, presented to President Helmuth a cane made from a piece of the wood-work of the old college building, to which Dr. H. responded by reciting a poem on his "Alma Mater" (see page 313). The assembly dispersed at a late hour, very much delighted with the evening's entertainment.

CELEBRATING HAHNEMANN'S BIRTHDAY.—On April 10th, the Homœopathic Medical Society of Western New York celebrated the birthday of Hahnemann at the close of their regular session. The exercises consisted of a banquet tendered by the Monroe County Society, in Power's Hotel, Rochester. Dr. J. M. Lee, of Rochester, presided, and toasts were responded to by Dr. A. S. Couch, of Fredonia; Dr. Grant, of Bath; Dr. J. W. Buell, of Rochester; Mr. George Moss, of the Rochester *Union and Advertiser*; Dr. S. N. Bravton, of Buffalo; Dr. H. S. Hutching, of Bavaria; Dr. W. P. Fowler; Dr. H. M. Dayfoot; Dr. E. J. Bissell, of Rochester; Dr. F. Parke Lewis, of Buffalo; Dr. J. C. McPherson, of Lyons; Dr. E. H. Walcott, of Rochester; and Dr. Bryan, of Corning. Dr. G. R. Stearns, of Buffalo, read a poem in response to the toast "A Higher Standard of Medical Education."

IN AID OF THE NATIONAL HOMŒOPATHIC HOSPITAL, OF WASHINGTON, D. C.—Preparations are being rapidly made for "The Kirmes" or dances of all nations, which is to be given in the New National Theatre, May 13, 14, and 15, 1886. According to the *National Republican*, "it is becoming the talk of the town," and as a large number of prominent society ladies are managing the affair, it promises to be a brilliant success.

HOSPITAL APPOINTMENTS.—Drs. Geo. W. Smith and S. Hastings Brown have been elected visiting physicians to the Children's Homœopathic Hospital of Philadelphia; Drs. J. H. Closson and Edward Kirkland, resident physicians of the same institution; Dr. F. P. Wilcox, resident surgeon to the Pittsburgh Homœopathic Hospital. Drs. T. H. Carmichael, Eugene L. Mann, D. J. Roberts, F. H. Monroe, and C. E. Putman, after a competitive examination have been appointed Resident Physicians at the Homœopathic Hospital, Ward's Island, N. Y.

HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY.—At the annual meeting of the Homœopathic Medical Society of Allegheny County, the following officers were elected: President, W. H. Winslow, M.D.; Vice-President, C. C. Rinehardt, M.D.; Secretary, C. H. Hofmann, M.D.; Treasurer, J. B. McClellan, M.D.; Executive Committee, Drs. Cooper, Willard, McClelland, Childs and Burgher.

The President, in his address, alluded in feeling terms to the great loss to the profession occasioned by the death of Professor Farrington, and spoke eulogistically of the *HAHNEMANNIAN MONTHLY* and the State Board of Health.

HOMŒOPATHIC EXAMINERS FOR VIRGINIA have been appointed as follows: George A. Tabor, M.D., of Richmond; E. P. Webster, M.D., of Norfolk; M. E. Douglass, M.D., of Danville; J. P. Jones, M.D., of Petersburg; and G. L. Stone, M.D., of Richmond. We know something of the above-named physicians, and feel sure that the reputation of homœopathy in Virginia is in trustworthy hands.

AMERICAN INSTITUTE OF HOMŒOPATHY.—**BUREAU OF SURGERY, 1886.**—The special subject selected for consideration and discussion this year at the Saratoga meeting of the Institute is "Inguinal and Femoral Hernia."

It is hoped that by the efforts of the members of the Bureau, together with the assistance of all members of the Institute who have had any experience with these forms of hernia, a valuable monograph on this subject will be prepared.

The report of special cases, methods of operating, improved surgical apparatus, treatment, either surgical or medical, radical or palliative, and especially the action of homœopathic remedies in cases of hernia, will be of great importance.

Although the special subject of the Bureau is limited to Inguinal and Femoral Hernia, yet communications of surgical value and importance are solicited for presentation to the Institute. These may be addressed to the Chairman or any member of the Bureau, at any time previous to June 15, 1886.

I. T. Talbot, M.D., *Chairman*, 66 Marlborough Street, Boston, Mass.; W. L. Jackson, M.D., *Secretary*, 84 Dudley Street, Roxbury, Mass.; William Tod Helmuth, M.D., 299 Madison Avenue, New York, N. Y.; George A. Hall, M.D., 2400 Prairie Avenue, Chicago, Ill.; J. H. McClelland, 411 Penn Avenue, Pittsburgh, Pa.; J. E. James, M.D., corner Tenth and Green Streets, Philadelphia, Pa.; H. L. Obetz, M.D., Ann Arbor, Mich.; S. B. Parsons, M.D., 1226 Washington Avenue, St. Louis, Mo.; M. O. Terry, M.D., 196 Genesee Street, Utica, N. Y.; C. E. Walton, M.D., Hamilton, Ohio.

TWO HOMŒOPATHIC HOSPITALS CONSOLIDATED.—A meeting of the contributors of the Hahnemann Medical College and Hospital of Philadelphia was held recently for the purpose of acting upon a proposed merger of this body with the Pennsylvania Homœopathic Hospital for Children. The offer of merger came from the latter corporation, which was chartered June 19, 1880, and had its hospital-building at Forty-third and Oregon streets. Its incorporators, contributors and supporters, after the death of Mrs. Horace Howard Furness, who was the main supporter of the institution, determined to merge with the older hospital, and adopted a resolution to that effect. The hospital was closed last January and several children transferred to the Hahnemann Medical College Hospital on Filbert Street.

At the meeting Judge William B. Hanna presided, and Dr. Charles Mohr was secretary, and, on motion of Mr. Hannis, a resolution was adopted accepting the proposed merger, and the necessary legal steps were ordered to be taken to obtain the sanction of the Court. A ward in the hospital will be called the "Mrs. Furness Ward, in memory of the late Mrs.

Horace Howard Furness, to whose liberality the said Pennsylvania Homœopathic Hospital for Children owed its existence, and Mrs. William H. Furness, who was devoted to its support."

HOMŒOPATHY TRIUMPHANT IN VIRGINIA.—By accident, we omitted the publication, last month, of the following important letter. It shows still another State wrenched from the dominance of an exclusive medical sect, and opens the way for educated physicians of any school of practice to settle in Virginia. The writer is president of the society named in the letter.

RICHMOND, VA., March 10th, 1886.

PEMBERTON DUDLEY, M.D., Philadelphia.

DEAR DOCTOR: It affords me much pleasure to inform you that the Hahnemann Medical Society of the Old Dominion has been revived; and, as its first-fruits, has succeeded in securing an amendment to the bill appointing a board of State medical examiners, by which five members of said board have been secured to the Homœopathic School of Medicine, being nominated by our society. Before this amendment was obtained, this examining board consisted of fifty-two members, all of whom were nominated by the Allopathic School. Physicians, desiring to locate in Virginia, were required to undergo examination by this board in session, or by three members thereof, whose favorable report was essential to enable the candidate to obtain a license to practice his profession. By the amended law, homœopathic physicians can (if they choose) be examined by three members of their own school of practice whom he may select from the five homœopathic members of the board.

Yours fraternally,

JOSEPH D. HOBSON, M.D.,
411 Grace Street, Richmond, Va.

THE HAHNEMANN COLLEGE HOSPITAL OF PHILADELPHIA has had two more windfalls. The Charity Ball, recently given, netted seventeen hundred dollars to each of four public charities, of which Hahnemann Hospital was one. It is also proposed—and action to that end has been already taken—to merge with the institution, the property and franchises of the Pennsylvania Homœopathic Hospital for Children, located at Forty-third and Oregon streets, West Philadelphia. The condition upon which this merger is made, requires that the hospital shall establish and maintain a Children's Ward, to be called the "Furness Ward" in honor of the late Mrs. Rev. William H. Furness, D.D., and the late Mrs. Horace Howard Furness. The estimated value of the property is about twenty thousand dollars.

THIRTY-EIGHTH ANNUAL COMMENCEMENT OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—The Commencement exercises of this institution took place at the Academy of Music on Wednesday, March 31st, at noon. Though the weather was unpleasant, the vast auditorium was well filled, there being probably over twenty-five hundred people present. The stage was occupied by the Trustees, Advisory Board, College Faculty and many of the prominent physicians of Philadelphia and its vicinity, and some distinguished visitors from a distance. Bastert's Orchestra enlivened the proceedings with some choice musical selections.

The Valedictory to the graduates was delivered by A. R. Thomas, M.D., Professor of Anatomy and Dean of the College. He began by addressing himself to the general audience, and mentioned that the present class increases the list of the College's alumni to a total of sixteen hundred and twenty. He gave a brief history of the early effort to establish a homœopathic school at Allentown, and followed it with an account of the origin and progress of the Philadelphia institution, alluding also to the twelve other schools now in successful operation in the United States. He drew a

comparison between the condition and status of homœopathy, its schools, literature, societies, hospitals, etc., in 1848 and in 1886, showing its almost marvellous growth and progress. Professor Thomas next described the efforts of the College to establish a hospital in connection with its teaching work, the progress thus far made, and the brilliant prospects now opening before it as a result of the recently-effected organization of the "Women's Hospital Association,"—a society comprising hundreds of the most prominent and actively benevolent ladies of Philadelphia.

Addressing the graduates, Dr. Thomas spoke of the honorable and responsible nature of the duties in which they were about to engage, and enjoined them not to be discouraged by the delays and disappointments incident to the life of the young physician. He referred feelingly to the loss which they had sustained in the decease of Professor E. A. Farrington, and paid a glowing tribute to his worth as a man, his zeal as a Christian, his skill as a physician, and his distinguished success as a student and as a teacher of the *Materia Medica*. In closing his address, the speaker drew attention to some of the high moral principles upon which the ethics of the medical profession rest, and urged upon his hearers a conscientious compliance with their requirements as the only basis of an honorable professional career.

The President of the College, Hon. William B. Hanna, D.C.L., then conferred the Degree of Doctor of Medicine upon the following successful candidates :

Edward C. Adams, A.M., Chicago, Ill. ; Harrison C. Adreon, York, Pa. ; Edmund T. Allen, M.D., Dayton, Ohio ; Charles Edwin Ames, Brockton, Mass. ; P. Alfred Andrews, Allentown, Pa. ; Alfred William Baily, Atlantic City, N. J. ; Allen DeBow Ballentine, Philadelphia, Pa. ; Theodore G. Bieling, Philadelphia, Pa. ; Richard Bewley, England ; Gustave E. Bonnet, Philadelphia, Pa. ; Daniel E. Brown, Ellsworth, Me. ; Douglas Caulkins, Knoxville, Tenn. ; Thomas H. Carmichael, Philadelphia, Pa. ; James Harwood Closson, Philadelphia, Pa. ; Edward H. Condon, Baltimore, Md. ; Persifor Marsden Cooke, Bethlehem, Pa. ; James R. Cooper, M.D., Shoemakerstown, Pa. ; William Cowley, Pittsburgh, Pa. ; Richard C. Dailey, Lockford, Cal. ; William L. Delap, Bristol, Pa. ; Benjamin F. Fair, Philadelphia, Pa. ; Robert Farley, Berwyn, Pa. ; Cethe C. Feltz, Frankford, Pa. ; Ira L. Fetterhoff, M.D., Baltimore, Md. ; Roscoe E. Freeman, Lynn, Mass. ; Winsor F. Fryor, Easton, N. Y. ; Jacob M. Hinson, Jr., Philadelphia, Pa. ; George Hipkiss, Stoneham, Mass. ; Arthur E. Hults, Plainsboro, N. J. ; George Hunter, Blairsville, Pa. ; Howard Iszard, Glassboro, N. J. ; Harry F. Kirby, Philadelphia, Pa. ; Edward Kirkland, Brattleborough, Vt. ; Greenwood H. Knight, Dexter, Me. ; Martin N. Lehman, York, Pa. ; John Wesley LeSeur, Batavia, N. Y. ; William P. McIlroy, Cochrantown, Pa. ; Eugene L. Mann, St. Paul, Minn. ; George A. Martin, Lisbon, N. H. ; Caleb S. Mercer, Kennett Square, Pa. ; Delmont E. Merrill, Dexter, Me. ; John Wesley Mullin, West Chester, Pa. ; Charles M. Neeld, Williamsport, Pa. ; Eugene Lyman Oatley, Utica, N. Y. ; John Frank Peterman, Melrose, Md. ; Byron M. E. Peters, Frankford, Pa. ; William H. Pounds, Philadelphia, Pa. ; Howard Powel, Philadelphia, Pa. ; Charles A. Reger, Philadelphia, Pa. ; Henry L. Shireman, M.D., Nazareth, Pa. ; William G. Steele, Philadelphia, Pa. ; Joseph A. Stegmenn, Bridesburg, Pa. ; H. St. George Strouse, Chestnut Hill, Pa. ; William Tonkin, Philadelphia, Pa. ; James William Urie, Chestertown, Md. ; Horace Bacon Ware, Pedericktown, N. J. ; Frederick P. Wilcox, Granville Centre, Pa. ; Henry R. Worthington, Trenton, N. J.

Of the above, there were from Pennsylvania, 32 ; New Jersey, 5 ; Maryland, 4 ; Maine, 3 ; Massachusetts, 3 ; New York, 3 ; California, 1 ; Illinois, 1 ; Minnesota, 1 ; New Hampshire, 1 ; Ohio, 1 ; Tennessee, 1 ; Vermont, 1 ; England, 1 ; total, 58.

The Honorary Degree was conferred upon Professor A. R. Thomas, M.D., Professor John C. Morgan, M.D., and Professor John E. James, M.D.

PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.—At the annual meeting of the Society, held April 8th, 1886, at the Hahnemann Medical College, the following officers were elected to serve for the ensuing year: *President*, Dr. J. N. Mitchell; *Vice-President*, Dr. Clarence Bartlett; *Treasurer*, Dr. William H. Bigler; *Secretary*, Dr. Horace F. Ivins; *Censors*, Dr. Lora C. Jackson, Dr. J. K. Lee, and Dr. T. S. Dunning.

ACTION OF THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION ON MEDICAL LEGISLATION.—At the recent meeting of this Association in New Orleans the following were adopted:

WHEREAS, Efforts are being made in several of the Southern States to secure the enactment of laws creating boards for the licensing of physicians; therefore,

Resolved, That in the opinion of the Southern Homœopathic Medical Association, the examinations heretofore conducted by such boards as are now in existence are less comprehensive and less thorough than the examinations in even the average grade of medical colleges in this country, and their results do not, as a rule, furnish proper and sufficient evidence of the qualifications of the applicants for license to practice. And further, we believe that the powers vested in said boards may be easily abused, and public interests compromised, by permitting unjust discriminations between medical sects.

Resolved, That we therefore oppose the enactment of laws creating State Licensing Boards, and for the above-mentioned reasons.

Resolved, That we demand and encourage a thorough medical education and graduation in a regularly incorporated medical college, as the qualifications which alone should entitle or permit the physician to engage in the practice of medicine.

Resolved, That we believe the public interests can be best protected by laws requiring the registration, under oath, of the candidate's diploma and other evidences of his qualifications for the practice of medicine.

OFFICERS OF THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.—At the meeting above-mentioned the following officers were elected for the ensuing year: *President*, A. L. Munroe, M.D., of Louisville, Ky.; *First Vice-President*, W. E. Green, M.D., of Little Rock, Ark.; *Second Vice-President*, W. Bailey, Jr., of New Orleans, La.; *Recording Secretary*, C. G. Fellows, of New Orleans, La.; *Corresponding Secretary*, Charles Deady, of San Antonio, Texas; *Treasurer*, J. G. Belden, of New Orleans, La.

DEPOSIT OF QUININE IN THE CORNEÆ.—Mr. Lang exhibited to the Ophthalmological Society of Great Britain a case of deposit of Quinine in both corneæ, with retention of good vision. The Quinine had been given internally; Eserine was used locally. The original disease was perforating ulcer of the cornea, and an anterior synechia remained in one eye. The deposit was of a very peculiar nature, and gave a fluorescent appearance on focal illumination.—*The Lancet*, March 20th, 1886.

MARRIED.—VAN LENNEP—HART.—On Wednesday, April 28th, 1886, at the Church of the Holy Trinity, Dr. William B. Van Lennep to Miss Clara R. Hart, daughter of Mr. Thomas Hart, all of Philadelphia.

WILCOX—SMITH.—On Thursday, April 29th, 1886, at the Church of the Incarnation, Dr. Henry T. Wilcox to Miss Jeannette C. Smith, both of Philadelphia.

OBITUARY.

RUFUS SARGENT, M.D.

DR. RUFUS SARGENT, of Philadelphia, died at Wernersville, Berks County, Pa., April 10th, 1886, after a long illness. He was born in Massachusetts, April 16th, 1824. He has been practicing in Philadelphia since 1857, and had attained eminence in his profession.

He spent five years in army service and then resumed practice in 1865, and was actively engaged in it until 1881, when he contracted a severe cold, which resulted in pneumonia, and was followed by an abscess of the lung. He remained ill for many weeks and hovered between life and death for a considerable time. After some weeks, improvement set in and he regained some strength, though he was not fully restored to his former degree of health.

After visiting the South in the following winter and taking the utmost care of his health, he felt he might be able to resume a certain amount of his indoor practice, but the pressing demands of his old friends and families inducing attendance at their houses, he soon found it necessary again to relinquish practice altogether.

On June 3d, 1885, he left the city for Wernersville, thinking he could be improved by the pure, fresh air of this mountain country, and there he remained until the end of his life.

Dr. Sargent was a much beloved man. He was honest, conscientious, and truthful, sacrificing everything for principle. While charitably inclined, but few not immediately interested knew of his charity, which extended into the homes of many. His kind attention to the poor desiring his services were always willingly and gratuitously given. Nor was he given to the habit of detraction, but chose to keep silent rather than speak ill of another.

In his professional career he was eminently successful, and he enjoyed in a high degree the confidence of his patients, both on account of his acknowledged skill and because of his kind and gentle demeanor toward his patients. In his practice he adhered strictly to the law of similars, yet never failed to employ such additional measures as were calculated to afford relief and comfort without in other respects affecting the case unfavorably. His large store of experience and his uniform kindness made him the much-beloved physician and friend. Death had no terrors for him, and calmly and confidently he entered upon his well-earned rest.

J. M. R.

At a meeting of the Philadelphia County Homœopathic Medical Society, held April 13th, 1886, to take action on the death of Dr. Sargent, the following preamble and resolutions were adopted:

WHEREAS, It has pleased the Almighty to remove from our midst Rufus Sargent, M.D., therefore be it:

Resolved, That humbly bowing to the will of God we deplore the loss of one who has, by a life of purity of personal character, ennobled his profession.

Resolved, That by the death of Dr. Sargent the profession has lost one of its most respected and useful members.

Resolved, That this Society does most deeply sympathize with the bereaved family; and

Resolved, That the Secretary be, and he is hereby, instructed to furnish a copy of these resolutions to the family of our lamented brother, and to publish the same in the daily papers and *HAHNEMANNIAN MONTHLY*.

J. M. REEVES, M.D.,

A. R. THOMAS, M.D.,

J. NICHOLAS MITCHELL, M.D.

OFFICE OF THE *HAHNEMANNIAN MONTHLY*, N. E. corner *E'ghteenth* and *Green Streets*, Philadelphia.

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Original Department.

THE OPHIDIANS.

BY A. C. COWPERTHWAIT, M.D., IOWA CITY, IOWA,

Professor of Materia Medica and Gynæcology, in the State University of Iowa.

THERE is much of interest in the study of the snake poisons, both from a pathogenetic and from a clinical standpoint. In the first place, it is to be remembered that it has been only a comparatively few years since it was held that animal poisons were inert when introduced into the stomach, and were only effective when injected directly into the blood. Indeed, there are physicians of the old school to-day, and, I regret to say, also a few uninformed disciples of Hahnemann, who still adhere to this erroneous doctrine. But it has been established beyond the question of a doubt, that most animal poisons produce the same effects when introduced into the stomach that they do when injected hypodermically, save in a milder degree.

The demonstration of this fact, it is true, has been largely due to Dr. Hering and other homœopathists who have made systematic provings of these poisons, yet the best allopathic authorities who have investigated for themselves, admit that they do act in some degree, no matter how introduced into the system. Alcohol is not the proper menstruum for the lower attenuations, so these are usually prepared with glycerine, or by triturating the virus in sugar of milk.

These poisons have much in common with each other. Indeed so apparent is this that some, even homœopathists, do not attempt to separate their pathogeneses, but treat them as a whole, regarding their action as due to a common poisonous principle inherent in each virus. This great mistake, however, is only made by those whose study of the Materia

Medica never reaches beyond broad generalizations, and who fail to appreciate the nice points of a distinction existing between nearly related and similarly acting remedies.

All the Ophidians possess the one distinctive property common to all animal poisons—they decompose and fluidize the blood, this being accomplished through their primary action upon the nerve centres of the cerebro-spinal system, where the effects of the poison are first directed. The local symptoms are remarkable for the rapidity of their development, especially when injected into the blood. The sudden swelling and puffing up of the wounded part is soon followed by the symptoms of decomposition; the fibrin being rendered incoagulable, the red corpuscles diseased and their functions destroyed, and as a result giving rise to hæmorrhages and ecchymoses, the blood being dark, fluid, and devitalized, oozing through every tissue, and dropping from every orifice of the body. Changes in the muscular tissues soon occur, ending in gangrenous destruction.

Coincident with these symptoms the profound effects upon the nervous system become manifested in excessive weakness and prostration; or, on the other hand, by spasms of a tetanic or epileptiform character. These symptoms are frequently preceded briefly by mental irritation, anxiety, excitability, fears, and hallucinations, together with great restlessness and over-sensitiveness of both the mind and body. Constrictive sensations—even positive constrictions—occur, involving mostly the throat and larynx.

An interesting element in the snake poisons also is the rapidly ensuing jaundice which occurs, due to the blood changes occurring, and not to any obstruction in the flow of bile. We have thus represented a type of blood change common to low forms of fever, such as typhus and pyæmia; for in such instances we usually have, in addition to the symptoms of jaundice, hæmorrhages from mucous surfaces, ecchymoses, hæmaturia, and the profound physical prostration and mental depression before referred to. Especially is this true of *Crotalus* or rattlesnake poison, which produces more profound blood-changes and more constantly occurring hæmorrhages than does either the *Naja* or the *Lachesis*, so that we find a characteristic in its pathogenesis “hæmorrhage from all the organs of the body—eyes, ears, nose, mouth, urethra,” such a symptom not occurring under the other poisons. This has led to the successful employment of *Crotalus* in yellow fever, especially in severe epidemics, where the blood-changes are rapid

and profound, the system soon succumbing to the overwhelming influences of the poison. It might also be indicated in preference to *Lachesis* or *Naja* in severe adynamic diseases, especially in malignant scarlatina or diphtheria, under like circumstances, the hæmorrhagic tendency predominating. In all such low forms of disease, however, when the nervous symptoms predominate over the hæmorrhagic, even though the latter be present to some degree, *Lachesis* or *Naja* is most likely to be indicated. Likewise in asthenic inflammations, whether erysipelatous or not, and when the parts assume a dark-red or purplish color, or even a black gangrenous condition, *Lachesis* or *Naja* is most prominently indicated, the former having the advantage of having been more thoroughly proven and more frequently used, while the *Naja* still requires further investigation before its clinical virtues are so fully established. I have failed as yet to mention the special action of these poisons upon the pneumogastric, giving rise to irritable conditions of the throat, larynx, bronchi, and heart, though not resulting in inflammation of these parts.

From our present knowledge of the action of these poisons, *Lachesis* more fully represents the sum total of the effects of snake poisoning than does any other of the Ophidian family, so we can better understand their possible clinical range by a study of *Lachesis* than by a study of any other member of the group. While we already know, as I have indicated concerning *Crotalus*, that there are conditions in which others of the group are far more useful as therapeutic agents, nevertheless, *Lachesis*, in its comparatively wide range of action, embraces to a great extent, from a general standpoint, the pathogenesis as well as the clinical virtues of the entire Ophidian family; so I will give a brief résumé of its sphere of action.

As we have already seen, it is mainly useful when a condition of adynamia appears, and this may be in fevers, inflammatory states, or in specific poisoning.

A general and very important characteristic of *Lachesis* is a peculiar sensitiveness of the surface to slight touch or pressure, but pressure or friction does not annoy. This symptom is almost universally present in *Lachesis*, but not in the other snake poisons. It even accompanies conditions of extreme prostration and unconsciousness. It is not a pain, but an uneasiness; not an inflammatory tenderness, but a hyperæsthesia of the cutaneous nerves. This sensitiveness differs from *Apis*, which has a bruised sore feeling, more than *Arnica*; also from *Nux* and *Lycopodium*, which have it about the waist

only after a meal; also from *Belladonna*, which has the same symptom arising from congestion or inflammation. Another very characteristic symptom of *Lachesis*, not common to the other poisons, is aggravation after sleep, or the symptoms appear on arousing from sleep. The mental and cerebral symptoms of *Lachesis* suggest it in states of debility, with impending apoplexy or paralysis. Consistent too with its hæmorrhagic tendency, we find *Lachesis* indicated in retinitis apoplectica, and this is true whether the hæmorrhage is spontaneous or the result of a diseased retina. As might be supposed, *Crotalus* is equally useful in this affection. In speaking of the hæmorrhages of *Lachesis* and the other snake poisons, we should remember that they are distinguished from those of other drugs by being of dark blood, and usually depositing a sediment looking like burned straw, which has been found to consist histologically in disintegrated fibrin and broken-down blood-corpuscles.

Lachesis may be the remedy in erysipelas when the parts have a bluish cast, the patient is much exhausted, the heart is weakened, and also when the disease threatens to attack the brain—the condition being entirely asthenic and tending downward towards death. It is often the remedy after *Belladonna*, when the inflammation goes on in spite of that drug—in ulcers and bed-sores having a bluish-red appearance. In gangrene there is also this bluish appearance, because the blood, in its slow return, is coagulated and lies in the veins. This enables us to distinguish it from *Arsenic*, *Secale* and other drugs which may be indicated in gangrene.

From its profound action upon the nerves already noted, *Lachesis* may be useful in all nervous diseases from simple anæsthesia, hyperæsthesia, or contraction from function disorder, to violent convulsions or profound paralysis of central origin. It may be indicated in typhoid fever and in typhoid forms of disease. We may give it with perfect assurance if its symptoms are present in the case. They are so characteristic that they need not be mistaken, but cannot be enumerated here. The same may also be said of scarlet fever, diphtheria, and other low forms of disease to which we have already referred. In these, both the local and general symptoms show the system to be thoroughly poisoned. In diphtheria the child is faint, requires careful moving; for many cases die, as we know, not from the intensity of the local inflammation, or from the amount of deposit, or from the deposition of the membrane in the larynx, but from the failure of the heart, caused by

heart clots; the heart acts weakly, propelling the blood in a sluggish manner; the blood forms a clot adhering very tightly to the heart. Lachesis cannot cure this, but it can diminish the tendency by strengthening the heart. Of course, in such instances, should Lachesis be the correct remedy, its objective symptoms at least would be manifest. In scarlatina the rash comes out very imperfectly, or very slowly, and has a dark-bluish or purplish hue, with a low form of fever, and tendency to profound adynamia.

To proceed with a detailed study of the clinical range of Lachesis, I must far surpass the limits of a paper of this character, and will only say farther that the same general features already mentioned, together with the presence of its individual symptoms, may lead to the choice of this poison in many forms of disease; indeed, there are few diseases involving deep blood-changes or profound nervous disturbances in which one or the other of the snake poisons may not be indicated, and prove highly useful.

INTUBATION OF THE LARYNX IN A CASE OF PHARYNGO-LARYNGEAL DIPHTHERIA.

BY HORACE F. IVINS, M.D., PHILADELPHIA, PA.

At the request of Dr. D. Lafayette Snyder, I was called to see a patient of his, a little boy, æt. 23 months, who was suffering from diphtheria of the pharynx and larynx.

On the 16th of May, 1886, he first complained of a sore throat, for which Kali bi. was prescribed. He had been previously in good health, and was a well-nourished and finely developed boy. On the afternoon of the 17th, a slight yellowish-white deposit was noticed on the tonsils, half-arches and pharynx. The Kali bi. was continued. During the night the child was very restless, and developed a croupy cough and voice; towards morning respiration became somewhat impeded. The condition had grown decidedly worse by 10.45 on the morning of the 18th; at this time he was given Lach. internally; and Sulphur was burned in a room, the atmosphere of which had been kept constantly moist with steam, since the involvement of the larynx.

At 11.30 A.M. I found the child suffering from marked dyspnoea and restlessness; the pharynx had a coating, in spots, of a dirty-white membrane, and the tonsils and half-arches

were partially coated with a similar pseudo-membrane; the voice was suppressed.

The breath was slightly offensive, the cervical glands were but little involved, the eyes were rather dull and heavy, the pulse full but not rapid, the skin slightly dry and hot. The temperature was not noted. The child had frequently taken a little milk, and, although much prostrated, still retained considerable strength.

An unfavorable prognosis was given. Merc. cyan. 3^z and Merc. cor. 3^z were prescribed in water, to be taken alternately every fifteen minutes. Tracheotomy and intubation of the larynx were freely discussed. The family decided upon the latter procedure as I could offer no hope from either method. Not having the intubation apparatus, the operation was not performed until 5.00 P.M., by which time all of the symptoms had grown considerably worse; the dyspnoea was threatening and cyanosis quite marked. Tracheotomy instruments were placed within easy reach, the boy was wrapped in a quilt and placed upright on his father's lap. The head was supported by an assistant who also steadied the gag which separated the patient's jaws. No anæsthetic was used.

The second sized O'Dwyer's tube, attached to its appropriate obturator and introducer, was then introduced with the right hand, while the left index finger, passed into the mouth, served to elevate the epiglottis at the same time that it guided the tube towards the glottis. After passing it twice into the œsophagus, it slid quite freely into the larynx. The introducing handle and obturator were speedily detached and removed; the silk thread which was attached to a perforation in the upper end of the tube was allowed to hang out of the mouth and pass up over the ear. Immediately the child breathed easier, but not without noise and some effort. His condition, although weaker,—from the moderate struggling during the introduction of the tube—speedily improved, under the influence of a freer supply of air, together with small sips of brandy and water. No especial cough followed the introduction of the instrument, owing, no doubt, to the child's prostration; and the fluid swallowed, when in small quantities, did not seem to enter the tube; but, if more than a teaspoonful was taken at one time, cough followed.

The breathing was comparatively comfortable for about twenty minutes, after which dyspnoea again set in, apparently from a lessening of the lumen of the tube. Under the im-

pression that a larger instrument would give more relief, the one first introduced—and which corresponded to the age of the patient—was removed, found clear, and the third in size introduced. This was followed by free but not entirely noiseless respiration. The symptoms improved, and the child drank considerable milk at frequent intervals. At 10.15 P.M. during an attack of coughing, the tube was expelled.

At my next visit, 10.50 P.M., the child was in good condition, breathed quite freely, and had considerable voice. Fearing that it might suffocate if the tube were left out during the night, the child—at 11.30—was placed in position, but before any attempt was made at introduction, the little fellow's head dropped, the pulse became very weak, and respirations slower. A comparatively good column of air passed in and out, but the child seemed to be dying. He was immediately placed in the recumbent posture, and brandy and water administered; he soon rallied but respiration was again impeded; he became restless, almost unmanageable, and was slightly cyanotic. The tube was reintroduced—without trouble—about midnight. Every symptom was relieved; he became immediately quiet.

Before leaving—at 12.15 A.M.—I introduced the gag and found the tube well in position.

The child breathed with comparative ease until its death, which occurred at 1.00 A.M., eight hours after the first introduction of the tube, apparently the result of prostration—blood-poison. The tube was removed after death and found clear.

REMARKS: It is scarcely fair to pass judgment upon a procedure, when one has had experience in but a single instance, and, as in every new undertaking it is important to hear the experience of all, that we may gain a point here and there, and finally establish the true merits of the plan, I will append a table of the cases reported, as well as give the summing-up of those who have presented these reports.

The progress of the unfavorable symptoms in my case was so rapid—the time from the appearance of the deposit until the death of the patient being less than thirty-six hours—that it seems scarcely proper to judge the average case by this virulent one.

No.	Age.	Sex.	Diagnosis.	Operator.	Primary relief to dyspnea.	From first introduction till final removal of tube.	Temp. or perm. relief to disp.	Cause of Death.	Condition of tube when removed.	Result.	Where published.
1	3 y 6 m	M.	Croup.	Jos. O'Dwyer.	Instantaneous.	7 days.	Permanent.	.....	.....	Recovery (?)	Med. Rec., 2-21-'85.
2	13 mos	M.	Do.	Do.	Immediate.	24 hours (?)	Do.	.....	.....	Do.	Do.
3	4 yrs	F.	Do.	Do.	Perfect.	.....	Do.	.....	.....	Do.	Do.
4	4 yrs	F.	Edema of larynx.	J. O'Dwyer.	Do.	In when reported	Do.	.....	.....	Doubtful.	Chicago Med. J. and Ex., 6-'85.
5	2 y 1 m	M.	Phar. lar. diph.	F. E. Waxham.	Immediate.	30 hours.	Temporary.	Extension of membrane.	Short tube used	Death.	Chicago Med. J. and Ex., 6-'85.
6	6 m 24 d	M.	Diph. group.	J. O'Dwyer.	Complete.	17 hours.	Permanent.	Blood poison (?)	Do.	Recovery.	N. Y. Med. Jour., 7-8-'85.
7	3 y 6 m	F.	Do.	Do.	Prompt.	7 days.	Do.	.....	Do.	Do.	Do.
8	8 y 4 yrs	M.	.....	Do.	Good.	24 hours.	Temporary.	Extension of membrane.	sh't t. obstructed	Death.	Do.
9	.....	.....	.....	F. E. Waxham.	.....	6 days.	.....	Pneumonia	.....	Recovery.	Jour. Am. Med. Ass., 10-24-'85.
10	.....	.....	.....	Do.	Satisfactory.	24 hours.	Permanent.	.....	.....	Do.	Do.
11	.....	.....	.....	Do.	.....	.....	.....	.....	.....	Do.	Do.
12	.....	.....	.....	Do.	.....	.....	.....	.....	.....	Do.	Do.
13	.....	.....	.....	Do.	.....	.....	.....	.....	.....	Do.	Do.
14	3 yrs	F.	Pseudo-croup, lar.	Do.	Immediate.	34 hours.	Temporary.	Extension of membrane.	.....	Do.	Do.
15	16 mos	F.	Laryngeal diphtheria.	Do.	Complete.	26 hours.	Do.	Do.	.....	Do.	Chicago Med. J. and Ex., 11-'85.
16	5 yrs	F.	Mem. lar. diph.	Do.	Immediate.	7 days.	Permanent.	Do.	.....	Do.	Do. and Arch. Ped., 11-15-'85.
17	2 y 7 m	F.	Mem. lar. diph.	Do.	Complete.	6 days.	Do.	Pneumonia	Clear after death	Death.	Chicago Med. J. and Ex., 11-'85.
18	3 y 3 m	M.	Phar. lar. diph.	Do.	Good.	14 days.	Do.	.....	Clear	Recovery.	N. Y. Med. Jour., 11-28-'85.
19	16 mos	M.	Diph. l. p. l. and post. nar.	J. O'Dwyer.	Complete.	24 hours.	Do.	Extension of membrane.	Clear.	Death.	Do.
20	20 mos	M.	Mem. laryngitis.	F. E. Waxham.	As it be magie.	9 days.	Do.	Constitutional diph.	Clear after death	Recovery.	Chicago Med. J. and Ex., 12-'85.
21	4-5 yrs	F.	Mem. laryngitis.	Do.	Immediate.	18 hours.	Do.	.....	.....	Do.	Do.
22	2 y 2 m	.....	Constitutional diph.	Do.	.....	13 days.	Do.	Extension of membrane.	.....	Death.	Do.
23	2 y 2 m	.....	Constitutional diph.	Do.	Relief	48 hours.	Temp. (?)	Ext. of memb. and pneu.	.....	Do.	Do.
24	2 yrs	.....	Mem. laryngitis.	Do.	.....	50 hours.	Do.	.....	.....	Do.	Do.
25	2 yrs	M.	Phar. lar. diph.	Do.	Immediate.	5 days.	Permanent.	Prostration (?)	.....	Recovery (?)	Do.
26	2 yrs	.....	Diph. laryngitis.	E. F. Ingals.	Perfect.	40 hours.	Do.	Do.	Clear.	Death.	Jour. Am. Med. Ass., 2-6-'86.
27	3 y 6 m	F.	Mem. laryngitis.	Do.	Good.	39 hours.	Imperfect.	Do.	Clear.	Recovery.	Do.
28	2 y 6 m	M.	Acute cat. lar.	A. B. Strong.	Immediate.	About 52 hours.	Permanent.	.....	Clear.	Do.	Do.
29	11 mos	.....	Phar. lar. diph.	F. E. Waxham.	Instant.	.....	.....	Pneumonia	Do.	Death.	Do.
30	18 mos	.....	.....	Do.	Relief.	About 2 days.	.....	.....	.....	Do.	Do.
31	2 yrs	.....	Malignant diph.	Do.	.....	3 days scant.	.....	Pneumonia	.....	Do.	Do.
32	.....	.....	.....	Do.	"Restored in 5 min."	3 days scant.	.....	Pneumonia	.....	Do.	Do.
33	4 yrs	.....	Mem. laryngitis.	Do.	Good.	4 days.	Permanent.	.....	.....	Do.	Do.
34	2 yrs	F.	Phar. lar. diph.	W. F. Northrup	Complete.	6 1/2 days.	Do.	.....	.....	Recovery.	N. Y. Med. Jour., 4-3-'86.
35	1 y 2 d	F.	Diphtheria of larynx.	Billon Brown.	Immediate.	18 hours.	Do.	Broncho-pneumonia.	.....	Death.	Med. Rec., 4-10-'86.
36	3 y 9 m	F.	Diph. of lar. and phar.	Do.	Entire.	39 hours.	Do.	.....	.....	Recovery.	Do.
37	3 y 5 m	F.	Do.	Do.	Immediate.	21 1/2 hours.	Do.	Extension of membrane.	.....	Death.	Do.
38	5 m 12 d	F.	Diph. lar. and post. nar.	Do.	Complete.	21 1/2 hours.	Do.	Exhaustion.	Clear after death	Do.	Do.
39	1 y 11 m	F.	Do.	J. O'Dwyer.	Marked.	4 days, dying 3 d. later.	Do.	Broncho-pneumonia and uræmia.	.....	Do.	Do.
40	3 y 2 d	F.	Diph. of larynx.	Do.	Complete.	2 1/2 days.	Do.	Pneumonia.	.....	Do.	Do.
41	3 y 4 m	M.	Diph. l. p. and post. nar.	Do.	Do.	5 1/2 days, lying 2 1/2 days later.	Do.	Tuberculous; pneu.	Clear.	Do.	Do.
42	3 y 4 m	F.	Diph. lar. and phar.	Do.	Immediate.	2 1/2 days.	Do.	Pneumonia.	.....	Do.	Do.
43	3 y 6 m	F.	Do.	Do.	Do.	38 hours.	Do.	Do.	.....	Do.	Do.
44	3 y 7 m	F.	Diph. l. p. and post. nar.	Billon Brown.	Do.	3 days, 15 hours.	Do.	Bronchitis (severe dysp.).	Clear.	Recovery.	Do.
45	11 mos	F.	Diph. lar. and phar.	Do.	Speedy.	14 1/2 hours.	Temporary.	Double pneumonia.	.....	Death.	Do.
46	3 y 3 m	F.	Do.	Do.	Complete.	3 days.	Do.	.....	.....	Do.	Do.
47	4 y 8 m	F.	Do.	Do.	Do.	3 days.	Do.	Broncho-pneumonia	Clear.	Recovery.	Jour. Am. Med. Ass., 4-17-'86.
48	2 y 6 m	.....	Mem. group.	L. H. Dunning.	Breathed easily.	3 days.	Do.	Blood poison.	.....	Death.	Do.
49	23 mos	M.	Diph. lar. and phar.	H. F. Leiss.	Good.	8 hours.	Do.	.....	Clear after death	Do.	Habermann. Monthly, 6-'86.

From the preceding list—which includes all the cases that I could find in the journals—it will be seen that much good has been done by tubage of the glottis; for when we remember that *no* case was operated until the dyspnœa was threatening; that in some instances the child was comatose when the tube was inserted, and case 33 was “cold and livid, pulseless and unconscious;” that cyanosis was marked in a large number of the patients; that in nearly half the cases tracheotomy held out no hopes of recovery, intubation being carried out many times simply that distressing dyspnœa might be relieved,—when we remember these points we cannot fail to see that the mortality, so far, attending this O’Dwyer method is exceedingly small, when compared with the results usually obtained by tracheotomy when performed under similar conditions.

Of the 49 cases here tabulated 31 died, 11 recovered, in 2 instances no result was stated, in 1 the result was doubtful at the time the case was reported. Two cases interrogated, 1 and 2, have recovered most likely; and Nos. 22 and 25 were doing well twenty-four hours after removal of the tube. It must further be borne in mind that some of the cases have died of complications one or more days after the complete relief to the laryngeal obstruction, the disappearance of the pharyngeal false membrane, and the removal of the tube.

One little patient felt so much better while the tube was in the trachea that after its removal, although the breathing was easy, he begged to have the tube put back, thus showing, in a marked degree, how slight is the irritation produced.

In two cases there was considerable difficulty in introducing the tube, owing, no doubt, to swelling or œdema of the tissues about the glottis; and in one instance, referred to in one of the society discussions, an operator failed to insert the apparatus; but with greater experience these annoyances will, no doubt, be overcome.

In two instances the entire tube slipped into the trachea, the head not being sufficiently large to prevent its passing between the vocal bands. Some trouble was experienced in removing the apparatus from this position, but no injury resulted. If an instrument of as large dimensions as is appropriate to the size of the respiratory apparatus be used, the heads of the tubes now being made larger than at first, this complication can scarcely arise.

In one instance œdema above the head of the instrument caused considerable dyspnœa; this condition, although unlikely to arise when a large-headed tube is used, should, nevertheless, be borne in mind.

Superficial ulceration may arise at the lower end of the tube, which is about half an inch above the bifurcation of the trachea, but in no case observed post mortem has any marked change been detected.

In only one case was it reported that membrane was pushed before the introduced instrument and not expelled upon the withdrawal of the obturator. In this instance the withdrawal of the tube was followed by the desired expectoration and relief to the impending suffocation. The tube was re-inserted later, and gave prompt relief. It was in anticipation of this condition of affairs that I was prompted to have in readiness my tracheotomy instruments. Although not having the slightest occasion to use them I consider it a necessary precaution in operating on these cases. This pushing of the pseudo-membrane before the catheter was one of the strongest points in the arguments against its use. The O'Dwyer tubes seem almost free from that grave objection.

Under the heading "from first introduction till final removal" the time given varies from a few hours to several days. It does not mean that the tube was worn all the time, although in many instances it was, but very often it was either coughed out in the interval and replaced at once, or only when the dyspnoea became again urgent; or, from the fear that ulceration would follow if too long retained, the tube has been removed and replaced when necessary. Again, it was occasionally found necessary to remove the tube that mucus or membrane might be the more readily expelled; or, finally, under the impression that the stenosis had been overcome the tube has been extracted and from necessity replaced. After any such removal the tube has been left out from a few minutes to forty-eight hours; for instance, Case 16 wore the tube actually only five days, but it was seven from the time of "first introduction till final removal," the child having been without it two days during that time.

The cases are numbered according to the date of publication.

I regret being obliged to leave so many blank spaces in the table, owing to the incomplete reports given, but it is sufficiently complete to show at a glance the chief features in the operation of tubage of the larynx.

The chief points to be insisted upon, in order that intubation of the glottis may be made more perfect, are: 1st. That the walls of the tubes be made thinner, so that we shall have as large a calibre as possible without increasing the external

dimensions of the tube; 2d. That the obturator have two joints instead of one, that it may be the more readily removed—a point of considerable importance; and 3d. That the tube be inserted before the dyspnoea becomes threatening, thus preventing so great a degree of blood-poisoning.

In conclusion, I will add the deductions of the various intubation operators and writers.

Dr. F. E. Waxham has drawn the following conclusions with reference to intubation of the larynx (see *Jour. Amer. Med. Asso.*, May 2d, 1885):

“1. With a little dexterity and practice it can be easily and quickly performed, and without danger; 2. The patient is not mutilated or disfigured; 3. There is no wound to cause shock or to become the source of septic infection; 4. The tube can be worn much more easily than the ordinary tracheotomy canula, and coughing and expectoration are just as easy; 5. It does not require the close care of a tracheotomy; 6. The air that reaches the lungs is warmed by its contact with the upper air-passages, and is not so likely to cause bronchitis or pneumonia; 7. Parents will consent to tubing much more readily than to tracheotomy.”

Dr. Waxham, at a later date (*Jour. Amer. Med. Asso.*, March 20th, 1886), formulates the following: “Intubation of the larynx possesses many advantages over tracheotomy: 1. No opposition is met with on the part of parents and friends; quite a contrast to the difficulty with which we usually meet in obtaining the consent to tracheotomy; 2. It relieves the urgent dyspnoea as promptly and as effectually as tracheotomy, and if the child dies there is no regret that the operation was performed, and no discredit is attached to the physician; 3. There is less irritation from the laryngeal tube than from the tracheal canula. As the tube is considerably smaller than the trachea it does not press upon it firmly at any portion excepting at the chink of the glottis; 4. Expectoration occurs more readily than through the tracheal tube; 5. As the tube terminates in the throat, the air that enters the lungs is warm and moist from its course through the upper air-passages, and there is less danger of pneumonia; 6. It is a bloodless operation; 7. It is more quickly performed and with less danger; 8. There is no open wound that may be the source of constitutional infection; 9. Convalescence is more rapid, as there is no ghastly wound to heal by slow granulations; 10. The patient does not require the unremitting care of the physician, as in tracheotomy; 11. I believe it to be a more successful method

of treating croup, either diphtheritic or membranous, than tracheotomy. The only objection to the operation of intubation is the difficulty of its performance."

This latter summary, it will be seen, is based upon a more extended experience than was the former, and, while the latter is modified in so far as the difficulty of the operation is concerned, it is much more extended than the former and shows greater reliance upon the efficacy of the results.

Dr. Marcus P. Hatfield says (*Arch. of Pediatrics*, November 15th, 1885): "The serious and grave imperfections in tubage of the larynx are: 1st. Their introduction into the larynx of a small child is a difficult matter even in the hands of an expert; 2d. Even when properly introduced their presence does not insure permanent relief, for the dangers of croup are not confined to those of mechanical obstruction of the larynx."

Dr. E. Fletcher Ingals (*Jour. Amer. Med. Asso.*, February 6th, 1886), tabulates the following: "Looking at the intubation of the glottis from our present standpoint, it seems well adapted for the following cases:

"1. For diphtheritic and croupous stenosis of the larynx occurring in children under $3\frac{1}{2}$ years of age; 2. For cases of these same affections in older children in which from any cause the physician wishes to defer the operation of tracheotomy; 3. For those cases in which consent to tracheotomy cannot be obtained; 4. For those cases in which proper nursing could not be secured; 5. For severe cases of spasmodic croup in children less than 10 years of age; 6. For simple stenosis of the larynx, not diphtheritic, in children; 7. With proper sized tubes it might be of value in the treatment of various forms of laryngeal stenosis in adults."

Dr. Dillon Brown (*Med. Record*, April 10th, 1886), after presenting the reports of his own and Dr. J. O'Dwyer's cases, recapitulates as follows: "1. All the cases were among the class of children called foundlings; 2. The tube was inserted in every case of severe laryngeal obstruction that occurred in the asylum [N. Y. Foundling Asylum], without regard to its hopeless character; 3. One-third of the cases were babies aged sixteen, twenty-three, eleven, twelve, and five months respectively, an age at which recovery after tracheotomy is extremely rare; 4. Two . . . had tuberculosis, a disease which is in itself absolutely fatal; 5. One . . . a rickety child, died of uræmic convulsions three days after the disappearance of the laryngeal obstruction; 6. The tube requires no attention, after its insertion, to keep it clean, and if a piece of pseudo-membrane

should close it (which is not likely to happen), the tube is held in place so loosely that it would be immediately expelled; 7. The inspired air is warm and moist. This prevents drying of the secretions in the tube; 8. The head or shoulder of the tube does not rest upon the vocal bands, but just above them on the ventricular bands. There is never any ulceration of the cords, but slight ulcerations may be produced by the head and lower end of the tube when retained for a long time. This can do no harm; 9. There is not the slightest danger of the tube slipping through into the trachea; 10. In most cases semi-solid food is taken well from the beginning; but it usually takes twenty-four hours for the child to learn to swallow liquids. Occasionally, in very young children, it is necessary to feed them through a tube; 11. The mouth-gag is intended only for children who have back teeth. In babies there is no difficulty in keeping the mouth open with the finger."

ON THE OVERGROWTH OF SURGERY IN GYNÆCOLOGY AND OBSTETRICS.

BY SIDNEY F. WILCOX, M.D., SURGEON TO THE HAHNEMANN HOSPITAL, NEW YORK.

(Read before the New York Society for Medico-Scientific Investigation, May 4th, 1886.)

UNDER the above title appeared in the *HAHNEMANNIAN* for April, an interesting article from the pen of Dr. J. N. Mitchell, of Philadelphia.

The writer depicts an imaginary reviewer going through the files of old-school journals for the past few years, and noting the rise and decline of fashions in the treatment of certain gynæcological diseases. He mentions Simpson's and Sims's operations for relief of stenosis of the cervical canal, Emmet's operation for lacerated cervix, Tait's and Battey's operations for oophorectomy, and the method of Cæsarian section accompanied by the removal of both uterus and ovaries.

The author's aim, in his article, seems to have been to call attention to the fact that many gynæcological difficulties are treated by operation where they might have been amenable to treatment by homœopathic medicine, and that certain operations have been performed unnecessarily and consequently without benefit.

My object in discussing this subject is to try to show where the field of medicine ends and that of surgery begins, and also why certain operations fall more or less into disrepute. The reasons I believe are, 1st, that operations are performed

when not indicated, and, 2d, that through ignorance, inexperience, or lack of skill they are not properly performed, and therefore, in either case, no good accrues to the patient.

To be proficient as a gynecologist one must not only be able to determine when an operation is indicated, but he must possess the ability and skill to perform the operation properly. This is in medicine and surgery an age of specialism, and an age of specialism is essentially an age of hobbyism. The growth of the latter seems to be coincident with and necessarily the result of the former.

For instance, a woman has a persistent headache, she may have other aches, but the headache is the most prominent symptom. She goes to her physician for medicine, and he treats her for awhile without success, and finally becomes discouraged. But incidentally he attends about this time some meeting of medical men. It matters not much whether the subject under discussion is gynecological, ophthalmological, or something else—the result is much the same. If the first, he learns that most headaches are the result of lacerations of the cervix, some exceptions result from some disorder of the eye, a few from dyspeptic conditions and some from other causes; but it is likely that the most of these other conditions can be traced more or less directly to the aforesaid lacerations. If the ophthalmologist had the floor, the puzzled practitioner learns that most headaches result from faulty accommodation of the muscles of the eye. Some few exceptions are noted as arising from uterine or nervous causes; and so on through the specialties.

Dr. Sayre relates a case of a family (*Orthopædic Surgery and Diseases of the Joints*, p. 549), "in which domestic turmoil was the rule rather than the exception, and continued so for years, until the senior member got his corns cured."

The determining of the origin of various symptoms is by no means always an easy matter. The coexistence of persistent nervous symptoms with a laceration of the cervix uteri does not prove that the former are the result of the latter; nor even if it does happen to be, does the simple union of the flaps of the cervix always cure the bad symptoms. But I am anticipating.

It is curious to note how much is required theoretically of a graduate in medicine, and how little practically. All surgery is mechanical, and no man who is not a mechanic ought to do surgical work. A carpenter, blacksmith or machinist learns not only the theory of his trade, but by long practice

with tools, acquires skill. He not only knows the principle of making a good joint, of bending or welding iron, or setting a wheel, but his hand and eye are so trained by practice, that there is no doubt of his accomplishing what he sets out to do.

Among the great majority of medical men, especially students, there seems to exist a very prevalent idea that if one has seen a lot of operations performed in a clinic or demonstrated on the cadaver, and if he has studied the principles of surgery, he becomes, forsooth, a surgeon. Now does he? Is it not quite as essential that the eye and hand should be trained in repairing the damages to the human body, as that they should in shaping wood or iron? It seems to me that there is a screw loose somewhere in our laws governing medical and surgical education. The practice of medicine involves largely only a mental process. The ability and skill of the physician depend largely or entirely upon his acuteness of observation and his powers of analytical or synthetical perception. The surgeon, however, must have more than this. To his observing and reasoning faculties, must be added mechanical skill, the trained hand and eye and the *tactus eruditus*. But while our colleges require only mental qualifications for graduation, they grant certificates which profess to the public that the possessor is a competent mechanic as well. This is wrong. A diploma should not be issued to practice medicine and surgery unless the receiver of the said diploma possesses the mechanical qualification of the surgeon, as well as the mental qualifications of the physician.

During a five years' experience in teaching mechanical surgery, I have often had occasion to be astonished at the utter lack of mechanical ability in some men. I can recall cases where men could hardly saw a bone in two even under the most favorable circumstances, and yet these men were granted the privileges (?) of carving and sawing *ad libitum*. It is true that the majority of such inefficient men do not intend to practice surgery, but there are cases within my knowledge, where the greed for money has overruled all considerations of inexpertness. I know of one man who was one of the worst operators on the cadaver I ever saw, who mangled everything he attempted to operate, and yet this man proclaimed that he was quite competent to perform any surgical operation. His conceit was enormous, his moral principle *nil*, and money the first consideration. Fortunately for the community at large, he soon landed behind the bars as a result of his rascality. He and the others before mentioned passed their oral and written

examinations, and were graduated and given licenses to practice medicine and surgery. Now I will return to the point from which I have digressed.

Gynæcology probably offers the greatest field for fraud of any department of surgery. Women can be imposed upon because they cannot see themselves as others see them, and, as a rule, they are not anxious to be seen by many doctors; and the statement of some one who has cut them open or sewed them up that, so far as that part of them is concerned, they are all right is accepted as the truth; and if bad symptoms still exist these are ascribed to other causes, and they rejoice that one possible source of trouble has been eliminated.

Thus gynæcological surgery falls somewhat into disrepute through the ignorance, avarice or incompetency of some men. But I deny that gynæcology has suffered through properly made and properly indicated operations. It is exactly on a par with antiseptic surgery, which suffers in reputation because many operators who think they are operating antiseptically fail to grasp thoroughly the first principles and to carry out the details.

Empiricism, hobby-riding and incompetency are the curses of medicine; and the same may be said of surgical gynæcology. The man who has seen one case of persistent headache cured by an operation for lacerated cervix, and therefore recommends the operation for the next case of headache occurring in a woman, the man who gets to believing that all bad symptoms in parous women are reflex from a lacerated cervix, and the man who operates badly or without understanding the requirements of the operation,—all tend to bring ridicule on a useful procedure.

Because Dittel found that an elastic ligature would cut its way through the tissues, that was no warrant for the universal application of the elastic ligature for all sorts of amputations. The surgeon who attempts to remove a breast or a limb by its use violates two of the cardinal principles in operative surgery, *i.e.*, to operate as rapidly and with as little pain as possible. The same folly is demonstrated in the present cocaine craze. To attempt major operations with cocaine as the anæsthetic is ridiculous when there are other ways which are better. When one reads the works of Dr. J. Marion Sims, he perceives how strongly the mechanical idea prevailed with him. In speaking of painful menstruation, he says (*Clinical Notes on Uterine Surgery*, p. 138):

“Menstruation may be attended by a general malaise, but

should not, as a rule, be accompanied by any severe degree of suffering. If there is much pain, either preceding or during its irruption, there will generally be a physical condition to account for it, and this will be of a nature to obstruct mechanically the egress of the fluid from the cavity of the womb. The obstruction may be the result of inflammation and attendant turgescence of the cervical mucous membrane, whereby this canal becomes narrowed merely by the tumefaction of its lining coat. But by far the most frequent cause of obstruction is purely anatomical and mechanical."

So Dr. Sims followed Dr. Simpson in widening the uterine canal. He modified Simpson's operations, and devised others for straightening the flexed canal. For a time these operations were the rage, but, after a little, it was discovered that all dysmenorrhœa was not obstructive. Other conditions amenable to medical treatment were found to exist—and yet the operation of discision within prescribed bounds is recognized as a justifiable operation, not only for the relief of dysmenorrhœa, but for the cure of sterility. Perhaps not the heroic methods as with the use of Greenhalgh's metrotome—but the more moderate operation of Dr. E. R. Peaslee, and the ingenious device of Dr. Graily Hewitt, for drawing back the posterior lip, should prevail. (See report by Dr. Phil. Porter in March, 1886, number of *Homœopathic Journal of Obstetrics*).

Coming to the consideration of Emmet's operation for lacerated cervix, why is it that some women require an operation and some not? Why is it that, of two women with cervixes equally cleft, one suffers from subinvolution, erosions, leucorrhœa, and reflex-nervous symptoms, making her life generally miserable, while the other enjoys perfect health? The answer is simply this: In the first case there is a plug of cicatricial tissue in the angle between the cervical lips which not only obstructs the circulation, thus keeping up the subinvolution, and producing the ectropion and follicular degeneration, but also by its presence, pressing upon the delicate filaments of nerves, causes all manner of reflex-nervous symptoms. Simple union of the lips without removal of the cicatricial plug is useless. In fact, it is worse than useless, for the pressure is increased and the trouble aggravated. The union of the lips after the removal of the cicatrix cures the case. I have seen this illustrated many times where patients who have previously suffered torments from reflex-nervous symptoms and

wakeful nights, have felt a change and have been able to sleep peacefully all night, within forty-eight hours after the operation.

I do not believe that, in operating for lacerated cervix, the operator's eye is of any service in determining how much tissue should be removed; only with the end of the finger can one judge between the cicatricial and normal tissue, and the value of the operation is in direct ratio to the amount of cicatrix removed.

Take the operation of spaying. Certain writers have taken it upon themselves to ridicule the operation. It has become a fine theme for the satirist to dwell upon, to show how the population of the world can be regulated, and how married couples may be happy in the idea that they are to be troubled with no more results of "accidents," if the wife will only undergo a slight and safe operation.

There is no doubt that the operation has been abused; but I would like to ask these humorists what they are going to do for a certain class of cases who suffer for years from sensitive spines, from convulsions, from almost unbearable localized pelvic tenderness, generally left-sided, from cramps in the lower limbs, from terrible dysmenorrhœa, from flatulent dyspepsia, and obstinate constipation induced from the dread of having a movement of the bowels. Take these cases which have passed through the hands of the most skilful physicians of both schools, with little or no ultimate benefit, and what are you going to do with them, unless you perform oophorectomy? I know of a number of such cases now struggling along in the forlorn hope of recovering their health without an operation. I believe that they will remain chronic invalids until they submit. Others I know who have been operated upon who now enjoy comparative health. Take another class, those suffering from fibroid tumors of the uterus, with profuse menorrhagia. Can you effect a cure with medicine? I know some cases have been benefited by the defibrinated beef and hot-water treatment; but stop this dog's diet and let the patient live like a human being, and what is the result? The tumor grows faster than ever. Then, after all, you must resort to an operation, and why is it not better to have done it in the first place?

We must take a reasonable view of these matters. It is true that spaying renders a woman sterile, but, is it probable that, in the condition described, she will ever be fit to bear

children, and what is the use of suffering unnecessarily all one's life for the sake of a mere sentiment?

With regard to the last operation on the list—that is—the removal of the uterus and its appendages, after Cæsarian section, we ask, in the first place, when you have a very narrow pelvic outlet and a fœtus at term, “what are you going to do about it?” Are you going to kill the child, when there is a probability of saving the lives of both child and mother? And if the section has to be resorted to, is it not better surgery to remove the uterus and its appendages and treat the stump externally than to run the far greater risk of septicæmia and peritonitis, by stitching up the uterus and replacing it within the abdominal cavity, to say nothing of the risk the patient runs of getting into the same fix again?

There is no use of going further. One might discuss the entire list of gynæcological and obstetrical operations, but it is unnecessary. The point I am getting at is this: All things cannot be cured by medicine, not even by homœopathic medicine. It is all well enough to raise one's hands in holy horror and cry “Shades of Hahnemann!” but I ask, can you cure all cases of dysmenorrhœa? Can you remove the mechanical causes of sterility? Can you dissolve the cicatricial plug which is in the cleft of the lacerated cervix? Can you cure these forms of chronic ovaritis which I have mentioned? Or, can you remove an ovarian tumor by the use of medicine? I know that there are cases on record where physicians *claim* to have cured ovarian tumors with medicine, but I would like to know if, in such alleged cases, the diagnosis has been verified by drawing off some of the fluid and submitting it to a competent microscopist for examination.

Every man looks at a subject from his point of view. If he refuses to change his position, he sees but one side. A physician who starts out with the idea that he is going to cure everything with medicine, makes a mistake. The surgeon who looks at everything from a mechanical standpoint makes another mistake.

So, in considering this subject, I come to the conclusion that with correct judgment regarding the indications calling for an operation, and with a thorough knowledge of the requirements of, and skill in performing an operation, there will be no fear of an overgrowth in gynæcological or obstetrical surgery.

PERITONITIS PUERPERALIS.

BY AD. LIPPE, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

BEFORE Hahnemann laid the foundation of a Healing Art under the unerring guidance of the Law of the Similars this disease was universally treated by means of the antiphlogistic system; the results were a very great mortality, especially in the lying-in hospitals, where a peculiar miasm was developed aiding in the spreading of the disease. It is not the object of this short paper to dwell on the diagnosis of this disease peculiar to women in childbed, but we confine this paper to the consideration of its successful treatment by means of the Homœopathic Healing Art. The therapeutic records will show how the early pioneers of our school combated this disease successfully, and their experiences will also aid us in showing under what characteristic circumstances various remedies were applied homœopathically to reëstablish the impaired functions and restore them to their normal conditions.

We find in the *Hygeia*, 19, 103 (Bosch), a case.—A woman, 28 years old, had been delivered by forceps on account of a placenta prævia. On the third day she had a violent chill, high fever, with hard frequent pulse, hot skin, great thirst, dry very little coated tongue, violent headache, wild staring eyes, suppressed lochiæ, no milk in the flabby mammæ, in the distended abdomen severe pains worse from the slightest touch. Aconite 2 dissolved in water was given every half an hour, which for two days improved her condition, then came dysenteric evacuations and, under the effect of Belladonna, she recovered in a few days.

Diez reports a case of a very sensitive person who was attacked on the 8th day after her confinement from copiously drinking cold water; dry heat, with continuous cutting and constricting pains in the abdomen, tension and great sensitiveness of the abdomen to the touch; frequent and every $\frac{1}{4}$ to $\frac{1}{2}$ hour returning diarrhœa, pressing and stupefying headache; frequent, hard pulse; great thirst; tongue coated, white and dry; nausea; the scanty lochial discharge ceased; the secretion of the milk was sustained by the frequent application of the infant to the breast. Aconite 4 every three hours for 24 hours removed all the inflammatory symptoms and restored the lochial discharge; the remaining colicky pains in the abdomen yielded in 24 hours to two doses of Chamomilla 4.

Diez reports another case. A woman, aged 28 years, of good

constitution, of phlegmatic temperament, fourteen days after a good confinement began to complain, after some puerperal rash had continued for some days, of a diminution of the milk secretion, the scanty lochiæ had ceased altogether, repeated daily violent chills lasting for hours followed by fever and profuse perspiration, pulse hard and frequent, want of appetite, great thirst, taste bitter, tongue dry, coated white, frequent nausea, constipation, pain in the abdomen, especially in the region of the navel, first colicky, contracting, remittent, in the last 12 hours continuous stinging and burning, abdomen expanded and very sensitive to the least contact, headache, sleeplessness, red rash over the whole body except the abdomen. Ordered Aconite 3, first every 4 hours, later every 6 hours. Great improvement on the next day, left her bed on the third day.

Schroen, *Hyg.* 5, 99, reports a case. Pain, stinging, cutting, in the bloated abdomen, aggravated by pressure and by motion, milk and lochial secretions diminished, headache, eyes glistening, much thirst, pulse not very full but frequent, hot skin, great restlessness, anxiety with fear of death, sleeplessness with delirium on the 4th day of confinement; was relieved by Aconite in a few days.

Buerkner, in Hirsche's *Deitschrift*, 3, 68, relates: A woman 20 years of age had her second child, which died on the 4th day of erysipelas neonatorum, was attacked by a violent peritonitis on the 8th day of her confinement, the lochiæ still normal, the milk secretion diminished. The very violent fever soon assumed a nervous character. In the beginning it seemed as if the peritoneum was mostly affected, but after Belladonna had relieved the symptoms it appeared that the seat of the disease was in the uterus; the degree of its severity was manifested by increasing chills of which the unconscious person suffered several times during the day and which severe chills threw her violently about in her bed. Face not much red, perceptibly livid and bluish, skin dry, sometimes burning hot and again more cool, tympanitis, no stool nor urine, lochiæ thin and ichorous. Arsenic and Secale corn. failed to relieve, but Lachesis 6 given every 2 hours caused perspiration and secretions of urine averting the impending danger.

All these cases were reported some fifty years ago. A summing up of the indications of symptoms of various remedies for the cure of febris puerperalis at that time, 1836, is as instructive as it is interesting. Aconite was recommended at the beginning of the disease; it relieves the inflammatory symp-

toms, but if nervous symptoms predominate, there is no better remedy than *Nigella* (Caraway seed). *Chamomilla* was indicated if there were present great excitement of the nervous system, restlessness, pulsating pressure in the head, especially in the forehead, dyspnœa, *mammæ* wilted, secretion of milk suppressed, greenish-watery diarrhœa, colic, periodical discharge of clotted blood per vaginam, labor-like pain in the uterus, thirst, and coldness of the limbs.

Pulsatilla, especially if there are present overexcitability of the nervous system, countenance showing great depression from pain, suddenly suppressed lochiæ, sensation of burning and fulness in the genitals, anxious flushes of heat, nightly anxiety, palpitation of the heart and thirst, often useful if *Chamomile* tea has been given; very characteristic symptoms are especially great thirst, fearful tearful disposition, paralytic heaviness in the limbs, painfulness of the joints, great sensitiveness of the abdominal walls and labor-like pains in the abdomen, suppressed lochiæ, watery diarrhœa, strangury or discharge of clear or darkened urine in drops, tearing and stinging in the abdomen, putrid taste in the mouth, giddiness with loss of sight, evening aggravation.

Rhus tox. is sometimes indicated, especially if the whole nervous system is excited and if the least anger aggravates the excitement, trembling of the limbs, fainting attacks, great anxiety, generally evening fever and aggravation of the pains, drowsiness, delirium, rash or blister-like eruptions, severe stinging headache, great thirst, tearing pains in the abdomen, inflammation of the uterus, the almost white lochiæ become again bloody, suppressed secretion of the milk.

Arnica is indicated if there have been bruises of the genitals or if there are splits in the uterus.

Bryonia was indicated where there was present hot red face, lowspiritedness, stitches in the forehead, tongue dry and yellow-coated, lost taste, biting sensation on the tongue, stitches in the regions of the ovaries, lochiæ suppressed, constipation, pulse hard and small, chilliness during the heat and cutting pains in the side much aggravated on motion.

Ignatia, when the disease has been caused by fright, grief or from the abuse of coffee.

Nux vom. especially when the disease has been caused by anger, cold, abuse of spirituous liquors, coffee or *Chamomile* tea. The lochiæ are suppressed, heat in the genitals, tension in the chest, cutting pain in the region of the navel with bitter eructations, nausea and vomiting, burning in the abdomen, dry

hot skin, pulse hard, anxiety and fear of death, short dry cough with soreness in the chest.

Belladonna, one of our most valuable remedies in this disease, chilliness and coldness of some parts of the body, especially in the extremities, burning heat and redness of the head, abdomen painful, periodical pressing down (bearing down) in the pelvis and rectum, discharge of putrid clots of blood per vaginam, pain in the forehead, double vision, delirium, vision of fire, cloudiness of sight, small loose stools, cough with short rattling breathing.

Hyoscyamus, frequent discharge of clotted blood accompanied by partial convulsions.

Platina, when there are present copious thick discharges of blood with painful bearing down in the pelvis and pain in the small of the back, almost continuous internal chilliness, headache in the forehead worse from motion, anxiety, burning heat of the face.

Zinc, if there is also present nymphomania, suppression of the lochiæ and milk secretions, great sensitiveness of the external and internal genitals.

Since these cases of cure and the indications for remedies were published fifty years ago, our literature has not added as much clinical experience in the treatment of puerperal fever as might be expected, and we have added such valuable remedies to our *Materia Medica* holding a great many similar symptoms as often characterize that disease; we will only mention here *Apis mel.* and *Tilia europæa*. *Apis* causes and cures so many abdominal symptoms, has such a decided effect on the ovaries and the uterus, that we may expect it to be called for frequently. *Tilia* has caused and has cured that characteristic symptom of tenderness and soreness of the abdomen when accompanied with profuse hot perspiration which gives no relief, a very different perspiration as we find to be very characteristic of *Mercurius* (clammy, greasy, cold) and in the peculiarity of the invariably present perspiration (under *Tilia*) it has a very similar tenderness and soreness of the abdomen as is so well-known to be characteristic of *Pulsatilla*.

There are no statistics presentable at present showing definitely the results of the prevalent treatment of this disease and the superiority of the homœopathic treatment.

During thirty years of a large obstetrical practice not more than three cases occurred in my immediate practice, and they were all caused by the contagium brought into the sick room by nurses who had just come from cases of puerperal fever,

which had terminated fatally—all under the ordinary prevailing allopathic treatment. I found no difficulty in curing these cases. In 1846 I cured two cases given up by the old-school physicians. The much more frequent occurrence of puerperal fever under allopathic treatment can very easily be accounted for. The homœopathic treatment of the pregnant woman begins as soon as she complains during pregnancy of abnormal conditions, and, if the similar remedy is carefully administered, these abnormal conditions and the sick woman are cured, preparing her for a normal delivery, and, if during childbirth abnormal conditions take place, if the labor is abnormal or if hæmorrhages set in, even when convulsions supervene, our rich *Materia Medica* can be searched for the similar remedy without resorting to the invariably injurious administration of Ergot of Rye or Chloroform or to the forcible delivery by forceps; and such women so carefully treated are entitled to a speedy recovery and are exempt from the frequently occurring disorders in child-bed, and harms which follow them for a long time afterwards. The great superiority of the homœopathic healing art over the time-honored allopathic treatment of diseases will become apparent especially in the treatment of women in general, and of puerperal fever especially, as that disease is seldom successfully treated by allopathists; a large majority of their cases end fatally, while under homœopathic treatment the results are absolutely reversed.

Miscellaneous Contributions.

SOME INTERESTING PLEURAL AFFECTIONS.

TRANSLATED BY S. LILIENTHAL, M.D., NEW YORK CITY.

A Rare Form of Pleuritis.—Dr. Tenneson, physician at the Hospital St. Antoine, published in the *Journal de Médecine de Paris*, February, 1886, the following interesting case:

A man of 40 years, who had always enjoyed good health, was, without known cause, suddenly attacked with chills, stitching pains in the side, dyspnœa and cough; he kept on working for ten days, though feeling unwell; kept his bed for three weeks, but as he steadily grew weaker, entered the hospital. The diagnosis was: acute left-sided pleuritis; and as the exudation was moderate and the general state of the patient relatively good, a thoracocentesis was not yet indicated, but as after a week no absorption took place, though he had less fever,

an aspiratory puncture was made and about two centigrams of a greenish, serous, transparent fluid discharged, the flow suddenly stopping, though the lumen of the needle was perfectly free. On different places of the thorax the needle was inserted, but no fluid ran out, a fact which could not be explained, for, even if adhesions had formed between the layers of the pleura, some fluid ought to have been discharged from one of the points. The patient steadily improved, but one day he carelessly exposed himself on the corridor, and a relapse set in, fever rose again to 40 and the exudation rose up to the clavicle, he looked cachectic and as in the lower region of the axilla an œdema of the skin set in, the operation for empyema seemed to be indicated, preceded by an exploratory puncture. Again about two tablespoonfuls of a sero-purulent fluid was discharged, and though the needle remained open not another drop could be got, even when the puncture was tried at different places and though the right margin of the heart was pushed by the exudation about five centigrams above the right sternal edge. After a consultation aspiration with a thick canula was resorted to, but without success, and the patient was put on tonics and alcohol to keep up his strength against the suppuration. The chills now disappeared, the temperature fell, he looked better and stronger, appetite increased where formerly he had to be forced to take food, the heart returned to its normal place, and the normal sound could be heard again under the clavicle, when suddenly, while talking to his wife, he broke down and life was extinct. Fainting spells are sometimes noticed in pleurisy.

The autopsy showed the whole pleural cavity filled with a gigantic coagulum, weighing more than 1500 grams, consisting of colorless fibrine and probably existing a long time before death. It was separated from the pleura by a thin layer of fluid, and the pleura was coated with fibrino-purulent exudations. The lung was pressed back upon the spine, compressed, atelectatic, but otherwise healthy, no tubercles anywhere.

Primary Carcinoma of the Pleura.—A young man of 22 years applied for admission to the hospital under the charge of Dr. Dieulafoy. Objective examination revealed a large exudation in the left pleura. The heart was pushed from its normal position, and the dyspnœa was so great that thoracentesis was immediately performed, and about a liter of hæmorrhagic fluid discharged. The patient had been suffering from slight hæmoptysis and severe intercostal pains for

two months. He entered the hospital on account of the increasing dyspnœa. A few days after the first puncture, the dyspnœa was as severe as at first, and from 800–900 grams of fluid, one-tenth blood, serum and fibrine evacuated by puncture. During the first two months the operation had to be seven times repeated, and still he did not emaciate, never had fever and only complained of the oppression and temporary attacks of suffocation, so that every few days some of the fluid had to be drawn off. During two months nineteen liters fluid were discharged, containing about two liters blood. During this whole time there was absolute dulness of the left thorax, the heart, pushed to the right side, beat strongly and no abnormal sounds could be detected. Dieulafoy diagnosed the case as a primary carcinoma of the pleura, because in hæmatoma the fluid is more red, more fibrinous and has less tendency to reproduction, as usually after four or five punctures a cure sets in, but in this case no advance was made even after thirty punctures; even the hæmorrhagic pleuritis on a tuberculous basis usually yields after four or five punctures, and in the sputa no bacilli tuberculosi could be detected, and as in experiments with rabbits and guinea-pigs the results were absolutely negative; the patient never had shown a symptom of scrofulosis. The positive symptoms for carcinoma were, the persistency of the intercostal pains, the excessive dyspnœa, a great deal worse than ever witnessed in hæmorrhagic pleurisy, and the small quantity of fibrine in the fluid discharged. The patient improved considerably for nine months, so that only two punctures were required, when suddenly emaciation and inappetency announced the last stage and he succumbed in a few weeks.

In the left pleural cavity was about a liter of that hæmorrhagic fluid; on the right pleura diaphragmatica was a carcinoma of the size of a fist and smaller ones in the lungs, kidneys, sternum, in the bodies of the three first lumbar vertebræ and in the interventricular wall of the heart. The pleura was the point primarily attacked. In all such cases only palliative treatment is possible, but we must never forget that the puncture is a kind of venesection.—*Société Méd. des Hôpitaux de Paris.*

SOME CASES OF ANCHYLOSTOMASIA (PERNICIOUS ANÆMIA.)

BY ED. SNYERS, INTERN OF HÔPITAL DES ANGLAIS.

(Translated from *Le Prog. Médical*, of February 6th, 1886, by Horace F. Ivins, M.D.)

IN the course of the year 1885 we have had occasion to observe several persons who were suffering from pernicious anæmia, and whose symptoms the treatment with iron did not

alleviate. Upon microscopical examination, the stools of these patients revealed the presence of ova of a parasite called the *anchylostoma duodenale*.

This parasite was discovered by Dubini in 1831; Griesinger met with it twenty years later, in an individual who died from Egyptian chlorosis. In 1863, Wacherer observed it in Brazil.

It was not, however, until the St. Gothard was being tunneled, that the relationship existing between the anæmia and the anchylostoma, was fully established by two Italians, Peroncito and Corseoli. Later, the anchylostoma was observed in France and Germany; finally Messrs. Masius and Firket published in the *Bulletins de l'Académie de Belgique* (January 31st, 1885) the histories of several cases of anæmia due to anchylostoma, with which they had met among the colliers of the mines of Liège.

Our patients were principally from the inhabitants of Liège and its environs, who, during the busy season, went to work in the brick-kilns in the neighborhood of Cologne, where they contracted the affection. We verified in them the divers symptoms of pernicious anæmia: pallor of the face, decoloration of the mucous membrane, excessive muscular weakness, indolence and inaptitude for work, cephalalgia, vertigo, derangement of the circulatory apparatus, and of the digestive organs. The red corpuscles of the blood presented alterations in form, number, and volume; the white corpuscles were generally normal.

These symptoms presented themselves with varying degrees of intensity in the different cases, but those which characterized the affection were the intense abdominal pains of which the patients constantly complained.

The microscopical examinations of the stools revealed the existence of ova of the anchylostoma, the number of which was, we may say, in proportion to the severity of the symptoms. The eggs are oval in form and have an average long diameter of 0.05 mm. They consist of quite a thick membrane of double contour, in the interior of which is found the vitellus. This may be simple but is often segmented; in two, four, eight, etc., cells all formed of a dark protoplasm, granular, and of a slightly conspicuous nucleus.

These eggs are developed by the larvæ, which multiply in the duodenum and cause the anæmic condition.

Accounts of some cases follow:

OBSERVATION I. Jean Thielen, æt. 37 years, laborer, brick-

maker of Cologne. On the 29th October, 1884, he entered the hospital. Since August, the patient had been very anæmic; for this condition the Ferrum treatment gave no relief. On his arrival at the clinic he complained of violent palpitation and of severe abdominal pains. In his passages a large number of ova was found, *i.e.*, eggs of the anchylostoma and some of the trichocephalus. He was treated by anthelmintics which soon resulted favorably. Thirty grammes of the ethereal extract of male fern destroyed the anchylostomes, after which the iron treatment relieved the condition which these parasites had produced.

To-day, Thielen occupies a situation in the hospital and has never had a return of his anæmic condition.

OBSERVATION II. Pierre Streels, æt. 34, entered the service in November, 1885; his condition caused considerable anxiety. He had previously been treated here, without success, for a grave anæmia.

After the presence of the anchylostomes was discovered, he received—in three doses—ten grammes of male fern; he was later submitted to the iron treatment. He left the hospital on the 10th of January, 1886, entirely cured.

OBSERVATION III. Guillaume Munstereifel, 23 years of age, contracted anchylostomasia in Cologne; he came to us about the middle of September, but remained only a few days.

November 26th, he re-entered the service. During his absence from the hospital his condition grew considerably worse; he was extremely feeble, and complained continually of cephalalgia and of abdominal pains. Twenty grammes of the ethereal extract of male fern destroyed the parasites. The patient left the hospital in a good way to recover.

OBSERVATION IV. Rémy Dister, æt. 17, had been relieved of anchylostomasia duodenale while under the care of Dr. Leichtenstern of Cologne; however, the patient did not remain sufficiently long under treatment to be entirely cured. Some ova of the anchylostoma were found in the stools. We completed the cure so well commenced by the German physician.

In several cases of marked anæmia, but less severe in degree than the preceding, the ova of the anchylostoma were found. The cures were effected by the usual treatment. It was necessary to administer the male fern in ten gramme doses, repeated at several days' interval. When the microscope fails to reveal the ova in the excreta the remedy should be discontinued; it is then that the Ferrum—restorative—treatment should be instituted.

MERCURIALIS PERENNIS.

BY DR. WINDEL BAND, BERLIN.

DR. HUGO SCHULZ published in the 21st volume of the *Archiv. f. Experimentelle Pathologie und Pharmacologie* provings on animals made with *Mercurialis perennis*.

After an historical notice, he cites among others Gmelin, who considers the plant without effect on goats, but fatal to sheep; and people who gathered plants for the table, and used them, suffered sometimes from severe vomiting, copious diarrhœa, burning in head, spasms, deep sleep, and in some cases death followed. According to Matthiolus (*Kreutterbuch*, Frankfort, 1590) and Tabernæmontanus (Basel, 1731), poultices of it, applied to the vesical region, cured tenesmus vesicæ. The plant contains a peculiar coloring matter (indigo according to Altsehel) and a volatile base, Mercurialin, which is found in the *M. anseca* as well as in *M. perennis* and according to E. Schmidt it is identical with Methylamin. In the *M. anseca* are also traces of Trimethylamin.

Schulz made his first experiments with the fluid extracts on young pigs. Subcutaneous injections of several cubic centimetres gave no results. Larger quantities (59–100 c.cm.) were then given in milk. The animals began to tremble as if they had a chill, the skin changed color, especially on the head, got red, and after short intervals trembling set in with severe ructus, but no vomiting. Micturition was greatly increased, followed by diarrhœa and a constant desire to pass water. After a week's rest Bingelkraut (dog's Mercury) was mixed with the food, so that they took about four pounds of the fresh plant with their fodder, and the result was that their bedding was soaking wet, though daily renewed.

(1) May 7th, 1885, a large gray rabbit received in the forenoon 5 c.cm., and in the afternoon 10 c.cm. of the fluid extract subcutaneously, and the following day the dose was repeated. Immediately, it urinated about 100 c.cm. of slight alkaline reaction. The color of the urine was dark brown-red as if it were a hæmaturia. It looked murky with a tendency to form a sediment, which disappeared fully after the addition of a little Nitric acid, the color became a cherry-red, no albumen. During the day, the first scanty defecation.

May 9th, 50 c.cm. urine of the same kind. At noon, it was killed. After opening the abdomen it was shown that the tremendously enlarged bladder filled the whole abdomen.

Measured in situ, its greatest length was 15 cm., its greatest breadth 7 cm. The urethra was ligated and the whole bladder taken out to measure its contents, which were 300 c.cm. urine, of lighter color than on the preceding days; but still tolerably dark, made a large hempy sediment of a clay-color, which mixed with Nitric acid dissolved with effervescence. Examination showed it to be mucus, on which carbonate of lime was deposited. Microscopically it consisted of enormously long formations, similar to cylinders, thickly mixed with granules, and it may be supposed that the peculiar cylindrical form of the mucous masses came from the ureters. Not a trace of albumin. The kidneys were cedematous, otherwise normal; liver and spleen full of blood. Stomach and intestines showed nothing abnormal; cavum abdominis contained much fluid, perhaps a transudation from the walls of the bladder.

(2) Another experiment on a rabbit gave the same results. May 9th, 10 c.cm. of the fluid extract subcutaneously. During 24 hours it passed 70 c.cm. urine of the same hæmaturic color and with the same sediment, only the cylinders were thinner and shorter. May 10th, no injection, but still the animal discharged the enormous quantity of 250 c.cm. urine with the characteristic color. On the same day it had the first copious, but normal, stool. May 12th, the same dose; it passed 110 c.cm. urine. May 13th, 125 c.cm. urine. May 14th, 120 c.cm. urine; scanty stool; animal is lively and feels well. May 15th, 120 c.cm. of yellow urine, which looks normal. Another injection of 10 c.cm. of the fluid extract. No urine discharged from forenoon of the 15th to the evening of the 16th, defecation moderate, appetite good. May 17th, 350 c.cm., urine of deep dark-red color with copious sediment, but this time Nitric acid did not clear it up entirely, and even the urine of the 18th, 200 c.cm., remained murky after the addition of Nitric acid, otherwise yellow. May 19th, 180 c.cm. urine. It was killed and a large quantity of fluid found in the abdominal cavity. The largely extended bladder still contained 60 c.cm. urine; the kidneys were hyperæmic, and the microscope failed to show any structural changes. The left pleural cavity also contained much clear fluid, the left lung was of a dark-brown color, under the pleura pulmonalis dextra et sinistra numerous red spots and points, partly of older date.

(3) A rabbit was fed only with *Mercurialis perennis*, another one only with clover:

Mercurialis, weighing 3060 g.

June 4th.	Eats very little; passed 200 c.cm. urine of normal color, making a large sediment.
" 5th.	No urine; eats well.
" 6th.	No urine nor stool.
" 7th.	70 c.cm. urine.
" 8th.	No urine nor stool.
" 9th.	No urine; small normal stool.
" 10th.	No urine; small stool.
" 11th.	150 c.cm. urine, now of a dark-brown color, slightly murky under Nitric acid; stool scanty.
" 12th.	Hardly any urine.
" 13th.	30 c.cm. urine, of a dirty yellow color with copious sediment.

Clover, 2400 g.

Passed 130 c.cm. urine.
50 c.cm. urine.
70 c.cm. urine, stool daily.
110 c.cm. urine, stool daily.
80 c.cm. urine, stool daily.
No urine, stool normal.
150 c.cm. urine, stool normal.
90 c.cm. urine.
100 c.cm. urine.
100 c.cm. urine.

The supply of *Mercurialis* gave out and both rabbits received clover.

June 15th. 80 c.cm. urine and very copious stool.	180 c.cm. urine.
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In the afternoon the *Mercurialis* rabbit was killed. The greatly distended bladder still contained 150 c.cm. urine, free from albumin. The copious sediment found in the bladder contains the long mucous cylinders in large quantities, and also the peculiarly formed concretions of carbonate of lime. Nothing abnormal in the kidneys. During that time he passed only 530 c.cm.; the rabbit fed with clover passed 1060 c.cm. In all animals, a paralysis of the bladder with a simultaneous abnormal urinary secretion was excited. Sheetz thinks that the kidneys are only secondarily affected, as no inflammatory manifestations were observed. The œdema and the slight traces of albumin are easily explained by the high grade of urinary stagnation.

Is the coloring matter related to Indigo, the active principle of *M. perennis*? Strahl witnessed from Indigo severe renal colic, but neither vesical paralysis nor polyuria.

Comparing Sheetz's experiments with the homœopathic literature in relation to *M. perennis*, Altscheel remarks, that it causes salivation, and that it contains Indigo, as the root gives a blue tincture. In large doses, it causes frequent stools, vomiting, a burning heat, coma, convulsions, and even death. From published provings we learn that the chief action of *M. perennis*

expends itself on the internal and external senses, the eyes, the peripheral nerves, on the intellect, on the mucous membranes, on the arterial system, the intestinal canal, on the urinary secretion, on the uterus and on the articulations. Scheetz only studied objective symptoms on animals; Hesse and others, subjective symptoms on man.—*Zeitschrift der Karl. hom. herzte.*, v., vi.

Looking at the symptoms of Scheetz in their totality, and comparing them with the provings made by Hesse as recorded in *Allen's Encyclopædia*, we feel that this remedy, from the *embarrases des richesses* of our *Materia Medica* perhaps, is entirely neglected by most of our authors on *materia medica*, for only Heinigke has a short article on it, whereas, Hering, Lippe, Burt, Cowperthwaite, and Hempel and Arndt pass it by without noticing it. And still this nervous remedy deserves some consideration not only in paralysis of the bladder, where our armamentarium is not so very large, but also in diabetes insipidus, and perhaps even in diabetes mellitus, for its action clearly shows that the trouble is primarily of central origin, hence the lassitude, indolence, apathy, and peevishness, the dim-sightedness, and watering of the eyes with general soreness; the rheumatic disorders in the cavities of the body from faulty innervation. It seems that the brunt of the action of *Mercurialis perennis* is spent on the vesical mucosa, and still neither Raue, Kafka, nor Baehr mention it in their works.

We know that very often in paretic states of the bladder patients have often to press for some time before they are able to urinate, and even then the stream has no strength and dribbles away. Often do such patients complain of the fulness in the abdomen, and though they urinate frequently, only small quantities pass in spite of all their laborious urging, and in most such cases, we find the central nervous system affected. Scheetz's autopsies confirm this paretic state, and we have thus one drug more which may help us, *cæteris paribus*, in this dire affliction, especially as most authors give rather an unfavorable prognosis in that disease.

Will it ever be indicated in polyuria? This is also in most cases of nervous origin, and Cantani believes that the increased process of combustion, which causes hyoturia, is always induced by abnormal nervous influence from the central nervous system; just as in the provings of *M. perennis*, albumin is rarely found in the urea, which is usually of a pale yellow color, or clear as water, and of light specific gravity. Such patients complain of emaciation and debility, of dry skin, small and weak pulse,

low temperature, vertigo, headache, insomnia, neuralgia, impotence and melancholia; and Allen gives us for *M. perennis*: Despondency, sadness, peevishness, vertigo with heat in the head; fulness and tension in the head; eyes dim, misty, as if swimming, and tears; very sickly look; lips dry with increased thirst; very great appetite; unusual urging to urinate with increased discharge; more frequent micturition than usual; tired and prostrated in all the limbs; indolence, discomfort and dizziness; sleepiness; chilliness over the whole body with heat of the face, etc.

Mercurialis perennis, so long neglected, may certainly claim to be a simile to such diseased states, and deserves, therefore, our attention.

S. L.

THE PROPOSED COLLEGE IN BALTIMORE.

BALTIMORE, May 12th, 1886.

MR. EDITOR OF THE HAHNEMANNIAN MONTHLY.

DEAR SIR: I have just read an editorial in the May number of your journal, which, had you been possessed of the facts, or had you pondered well the text, you would not have written; at least I hope not, for in that case you would appear either personally vindictive, or unnecessarily jealous for the continued prosperity of my alma mater, the old Hahnemann College of Philadelphia.

I can see no reason why you should harbor either feeling, in connection with the subject of your editorial, and therefore, when I have given you the information you are now lacking, I hope you will view the matter in a different light.

The editorial to which I refer is headed, "Another New College," and opens as follows: "A movement has been started in Baltimore, Md., toward the organization of a homeopathic college in that city, and we are informed that a charter has been already obtained and a faculty selected, and that the college will 'commence business' next autumn."

At first blush, this statement is certainly calculated to awaken a combative spirit in the average lover of order, law, and a proper degree of conservatism; for the whole thing comes so suddenly, with the effect of a precipitate movement of a few men who are bent upon personal aggrandizement, in the face of and in defiance of the fact that we already have colleges and to spare for the ostensible purpose of educating students to legally practice medicine. This, Mr. Editor, I do not doubt

was the almost involuntary train of thought that sprang to life when you were told of this new college; at least, it was mine, when one day last summer the subject was first presented to me for consideration.

There has certainly been started "a movement" "toward the organization of a homœopathic college" in Baltimore, and a faculty has been selected, but here it has stopped. Your informant was not authorized when he told you "that a charter has been already obtained." The college has neither letters of incorporation, nor a charter, nor has the time when the college will "commence business" been *definitely* settled.

This piece of "information" gained from an unauthorized source is, then, the premise from which you have wandered into a maze of remarks not only uncomplimentary to your brother physicians of Baltimore, but unbecoming the Editor of the *HAHNEMANNIAN MONTHLY*. You have gratuitously assumed that the new college will be one of the "low-rate homœopathic colleges." Now, this is one of the things above all others we have resolved that the college shall *not* be. In the first place, the college will not be open next autumn; October, 1887, is the earliest date we can possibly "commence business," and during the intervening time each member of the faculty will steadily prepare for his work. One member has been working for this object for more than two years, and several others are now taking special courses at the Johns Hopkins University.

I do not know that our faculty will be able to compete with the older colleges—at first—(and we will not stoop to fraudulent advertising dodges for the purpose of convincing the public that we think we can) but we will try to accomplish whatever hard study will do.

We will require, from the opening course, a preliminary examination; our term will be of six months, and we will require *two* full terms before graduation, or a full course in some other medical school in good standing and one course in our school, or a diploma from some other medical college and one course in our school. At the same time, we will start an optional three years' course, which in two or three years will become obligatory, and coincidently an optional four years' course will be opened to become obligatory in a few years hence. Our aim is to do what is possible to elevate the standard of medical education, not to lower it; therefore, the number of students with which we start—even the possible liberal allowance of eight, which you have suggested—is a matter of smaller

concern to us than the *ability* of the men graduated. In other words, *we aim to produce quality, not quantity!*

In equipment, we hope in time to equal the best college in the land; but at first we will, of course, have a modest array of accessories.

You say, "Homœopathy does not flourish in Baltimore as in most American cities of its size. Notwithstanding the wealth of its citizens, it has no hospital, and but one public dispensary. It has considerably less than half as many homœopathic physicians, in proportion to population, as most of our other large cities; and, as we have already intimated, its annual addition to the number is almost contemptibly small."

This is all true, but it is also true that a large number of the wealthiest and most intelligent inhabitants of Baltimore are patrons of homœopathy, and that no well-concerted plan has ever yet been adopted to properly excite the attention and interest of this class in behalf of homœopathy. That there is no homœopathic hospital, is just the reason why we should attempt to have one, and for this reason we have agreed to encourage an hospital as an outgrowth from the college, in anticipation of which outgrowth we have embodied in the constitution of the college, rules for governing an hospital. That there is a real need of an hospital in Baltimore has, I believe, not been questioned by any one, not even yourself, Mr. Editor; therefore, even if we fail to attract our allowance of eight students, but ultimately become instrumental in the establishment of an hospital in Baltimore, we will be doing a work of which we need not be ashamed.

Our clinical advantages we hope will not be poor, for with the consent of the Directors of the present Free Dispensary, which has an annual attendance of nearly 6000 patients, we will utilize material from thence. But even though our hospital advantages are at first nil, there are several large hospitals in the city, and especially have we the Johns Hopkins Hospital, to whose clinics and wards we hope to gain access for our students. Another inducement we may fairly offer (and I believe even you, Mr. Editor, will not think this a fraudulent lure for the unwary), and we think the inducement of sufficient importance to emphasize, and that is, our college will not observe sex distinctions, women will be allowed advantages in common with men.

We do not expect to draw students from any point east or

northeast of Maryland, but we do expect to draw from the south, the west, and the southwest.

You assert that probably a college is less needed in Baltimore than in any other city of like size. I presume, when the subject was first broached of opening colleges in the cities you have named wherein homœopathy is now so flourishing, that in every instance the project had its opponents; but it seems, all these institutions have, nevertheless, succeeded, and as you say, in New York, Philadelphia, and Cincinnati the status of homœopathy is to-day far higher than it is in Baltimore. With such encouraging precedents, don't you think, Mr. Editor, that we should profit by the examples, and "go and do likewise?"

We mean no rivalry with any institution; but we think the South should have a college nearer of access to its largest cities than any college north or east of Baltimore. You have suggested New Orleans, but I think New Orleans is hardly a fit place for such a college, if for no other reason than because of the acclimatization necessary before students coming from north of this latitude can safely expose themselves to the risks of the climate of this city, in the early fall or in the spring. Consequently, as there is no city so well adapted for the stated purpose, between New Orleans and Baltimore, as the latter city, I think a *first-class* medical college may be a success in ancient Jonestown, in the old disreputable "Mob-town," yea, even in Baltimore city, now fast becoming the Athens of the South. And we who have pledged ourselves to sustain this yet unborn infant, will not make a success, either in graduating "half-educated students," "in lowering somewhat the status and influence of homœopathy," "in lessening the average duration of human life," or "in delaying more or less the desirable work of elevating the average standard of homœopathic colleges generally;" but we hope to make a success of our college in graduating thoroughly educated students, who may assist in elevating the status of homœopathy and in properly upholding the honor and dignity of the medical profession, and in *hastening* "the desirable work of elevating the average standard of *medical* colleges generally."

As I have said, when this new college will be opened, has not yet been decided; but when it does open, I think you, Mr. Editor, and all other lovers of a higher standard of medical education will not be ashamed of the *débutant*. If you are ashamed of it, then so shall I be ashamed of it, and if the *neonatus* be not without blemish, then will I witness the shame

as a spectator and not as I am now, a member of the embryo faculty of the Baltimore Homœopathic Medical College.

Yours sincerely,

ELDRIDGE C. PRICE.

P. S.—Please do not imagine I have been appointed by the faculty of our college to write the above, because I have not. I have said nothing, certainly, about the college that any other member might not say, but I wish it to be distinctly understood that I alone am personally responsible for this letter.

ELDRIDGE C. PRICE.

[NOTE.—It is pleasant to know that at least the intentions of our Baltimore brethren are good. But then, *that* was never doubted. The question raised was as to the correctness of judgment displayed in establishing a college at that point and as to the ability of the promoters of the project to impart such a medical education as professional sentiment now demands. There was also a question raised as to whether the new college would not have the effect of weakening the older ones. We think our correspondent has not very fully answered either of these questions, or rather “objections” of ours, but we should be glad to present anything further from him on that subject at such time as he may think proper. We still do not believe that the best interests of Homœopathy require the establishment of a college in Baltimore.—ED. H. M.]

THE INTERNATIONAL HOMŒOPATHIC CONVENTION OF 1886.

THE following letters regarding the above-named Convention are self-explanatory, and will be of interest to American homœopathists. The letter of Dr. Hughes calls for prompt and energetic action.—(ED. H. M.)

BRUSSELS, May 3d, 1886.

CENTRAL ASSOCIATION OF THE BELGIAN HOMŒOPATHISTS.

SIR AND HONORED COLLEAGUE: The International Homœopathic Congress in London had designated Brussels as the meeting place of the next Congress, and the General Secretary, Dr. Hughes, had officially notified the Central Association of Belgian Homœopathists of this decision.

The Association had accepted with promptness the mission which was entrusted to it. It made a friendly appeal to the authorities, and solicited the coöperation of the homœopathists of the two worlds; every measure was taken for a definite organization, but at the last moment the greater number of the foreign colleagues who had promised active assistance could not, for divers reasons, participate this year in the works of the Congress. The number of memoranda which we have received is really too limited to support the discussions. The Congress is therefore impossible this year; consequently, we believe it to be our duty to propose to the homœopathists of the two worlds that the date of the Congress be deferred until 1889, and that we request our French Colleagues to consent to the organization of the Congress during the time of the *Grande Exposition Universelle* of Paris.

The Central Association of Belgian Homœopathists greatly regrets the decision it has made, but it was imperatively imposed upon it by circumstances.

Accept, Sir and honored colleague, the assurance of our best regards.

DR. MARTINY,
DR. CRIQUELION,
DR. SCHEPENS,
DR. SENTIN,
DR. GAUDY,
Provisional Committee.

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY:

MY DEAR COLLEAGUE: At the Convention held in London, in 1881, it was determined to hold the next meeting at Brussels, with the view of providing a central and neutral place at which the continental homœopathists (hitherto so sparsely represented at our gatherings) might meet one another and their British and American colleagues. I was desired to act as Permanent Secretary of the Convention; and in that capacity I communicated the choice made to Dr. Martiny, Editor of the *Revue Homœopathique Belge*, requesting him to make it known to the homœopathists of Belgium. In due time I learned from him that the *Association Centrale des Homœopathes Belges* had accepted the task of organizing the meeting, and had appointed a committee for the purpose. To this body, accordingly, I made over my responsibilities, putting myself at their disposal for any counsel or assistance they might require.

I now learn, to my great regret, that our Belgian colleagues find themselves unable to complete the task they have undertaken. Disappointed at the paucity of men and material with which they are threatened, they declare the Congress impracticable, and wish to adjourn it to 1889, making Paris its seat, on the occasion of a Universal Exhibition there to be held. It seems to me that this proposal cannot be accepted. Our International Conventions must be regularly quinquennial, if they are to be kept up at all; and the reasons for preferring Brussels to Paris on this occasion continue to hold good. Many of us have made our arrangements to attend; our own British Congress has been omitted this year to enable us to do so; and it is most undesirable at this late hour to change the plans determined on.

I therefore feel it my duty to maintain the resolution entrusted to me to be carried out; and in default of the homœopaths of Belgium must myself take the initiative in its execution.

I accordingly give notice that the International Homœopathic Convention of 1886 will be held in Brussels, on Tuesday the 3d, Wednesday the 4th, and Thursday the 5th of August next; the first day to be devoted to general considerations bearing on Homœopathy, the second to *Materia Medica*, and the third to Clinical Medicine. The exact place and hours of meeting shall be announced in your next issue.

Being called upon thus late to organize the Convention, I earnestly appeal to my colleagues throughout the world for their coöperation and assistance. Let those who are able, at once send me papers on the subjects mentioned as those to be considered, and—as funds will be required—the contributions of all who desire to see the Convention adequately carried out are hereby solicited. Dr. Dudgeon, of 53 Montague Square, London, W., has kindly consented to act as Treasurer, and will receive and thankfully acknowledge all moneys sent for the purpose. If a united effort is thus made the Convention of 1886 may not be unworthy of its predecessors in 1876 and 1881.

Begging you to insert this letter in your journal,

I remain yours very faithfully,

RICHARD HUGHES,
Permanent Secretary Int. Hom. Con.

BRIGHTON, May, 1886.

[June,

THE
H A H N E M A N N I A N
MONTHLY.


A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editor, PEMBERTON DUDLEY, M.D. *Business Manager,*
BUSHROD W. JAMES, M.D.

Vol. VIII.

Philadelphia, Pa., June, 1886.

No. 6.

 The Editor is responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors.

Editorial.

A MARYLAND SOAP-BUBBLE.—The average non-progressive allopathist who craves the privilege of “regulating the practice of medicine” as his special and divinely conferred prerogative, is nothing if not sanguine. Spite of repeated and disgraceful failures, spite of the fact that public sentiment ignores his pretensions, he never lets any opportunity pass without clamoring for his “rights.” He it was, doubtless, who suggested the poetical line—“Hope springs eternal,” etc.

His most recent exhibition in this line is being made in the State of Maryland. He and his confrères in that classic State are associated under the sonorous title of “The Medical and Chirurgical Faculty of the State of Maryland.” According to the views entertained by the members, this title is incorrect. It should be “The State of Maryland of the Medical and Chirurgical Faculty;” since they evidently hold—not that they belong to the State of Maryland, but that the State of Maryland belongs to them. The president of this M. and C. Faculty has discovered that in 1798 a charter of incorporation was obtained, in which was conferred upon the M. and C. F. the power to grant licenses to physicians, and forbidding those not so licensed from receiving payment for their services. Further,

in 1801, a supplementary act was passed to enforce this power under penalties, and other amendments were added in 1816 and 1818. In 1821 persons not licensed were disabled from suing or receiving compensation for professional services.

We read that when the president announced this discovery, during the annual session of the Society, he "was listened to with rapt attention and was frequently applauded" (*Med. Record*, May 1st), and a committee was promptly appointed to consider the matter still further and report. It is evident that the members fondly hope that they possess the legal right to decide who shall practice medicine in that State; which, of course, is equivalent to deciding *how* physicians shall practice, this latter being the *real* object of their hopes and desires. There is no doubt whatever, that, if this body of exclusive practitioners could drive out of practice those physicians whose practice and belief are distasteful to them, they would eagerly embrace the opportunity. It becomes a matter of interest, therefore, to know just how much power to injure the public by such means, they really possess. The *Record's* correspondent shows just what may be expected of them, by his remark to the effect that "if a forgotten law can be revived in which we get rid of the bugbear of irregular practitioners and their recognition, it will prove to us a great boon. The conclusions of the president were therefore received with great applause." He had already stated that these "conclusions" were "*that the Act of 1798 is to-day the law of the State and can be enforced as such.*" (Italics his own.)

Now it happens that subsequently to the enactments above mentioned, namely, in 1838, an act was passed which "made it lawful for each and every person, being a citizen of the State, to charge and receive compensation for their services and medicine in the same manner as physicians are now permitted to do." This law is said (we know not with how much truth) to be the absurd creation of certain waggish legislators. However that may be, it stands to-day as an unrepealed law, and it can scarcely be more ridiculous and absurd than the Act of 1798, in which an old-time legislature undertook, by an act of incorporation, to decide just how medical practice in Maryland should be "regulated" *for all time*. It is barely possible that the Marylanders of to-day will conclude that *they* have something to say about that matter. At any rate, the law of 1838 is a practical repeal of the licensing provisions of the Act of 1798.

There is another obstacle to be overcome ere the M. and C.

F. can carry out their little programme. The *Record* correspondent says the President's revelation "was a genuine surprise to every one present, as it is a prevalent impression among the Maryland physicians that the right to regulate the practice in the State, and to issue licenses therefor, had long since passed out of the hands of the Faculty." (Italics ours.) He also speaks of the Act of 1798 as "a forgotten law." The probability is, therefore, that the act fell into disuse long ago; doubtless at the time of its practical repeal in 1838. If then, as was asserted by the President of the Faculty, the Act of 1838 is inoperative, and does not work a repeal of the law of 1798, then this latter act has become void by non-user. The "Faculty" as at present constituted cannot issue licenses, since its members are themselves unlicensed. They are all of them illegal practitioners; they have no right to membership in the Faculty, and there is no licensing body authorized to qualify them for membership. Under their own act of incorporation they are prohibited from receiving compensation for professional services, and are probably liable to legal penalties for rendering such services. If any one of the present members had been duly licensed, the fact would have been developed during the discussion of the subject which followed the announcement, and there would not have been any "genuine surprise" manifested.

We base these remarks solely upon information contained in the *Medical Record* of May 1st. We have no other source of knowledge upon the subject. The President of the Faculty is comforting himself with the delusion that as the licensing power is conferred in an act of incorporation, it partakes of the nature of a contract, and cannot, therefore, be set aside by subsequent legislation. He forgets that this licensing power is not a privilege but an obligation—not a franchise, but a service demanded by the State, for and in consideration of a conferred franchise. The work of licensing physicians is presumably a benefit conferred upon the State, not upon the Faculty. Does he think the State cannot absolve a corporation from its duties and obligations? If so, he is greatly mistaken.

This attempt to usurp judicial and executive authority over medical practice is destined to fail also, like scores of its predecessors; but the hopeful non-progressive portion of the Bourbon school—learning nothing and forgetting nothing—will be sure to "try, try again."

THE GROWTH OF THE INSTITUTE MEMBERSHIP.—If there are any journals in our school, thoroughly independent and fearless in the discussion of questions upon which the strength or influence of homœopathy depends, the HAHNE-MANNIAN hopes to be accounted one of them. That is a bad generalship which exhibits its weak points to the enemy, but it is equally culpable in us to close our eyes to our own mistakes. At the risk of being considered indiscreet, and in the hope that some good may come out of the disclosure, we present a matter which some of us may be disposed to make light of, and which many have doubtless overlooked altogether.

The unpleasant fact to which we invite the attention of the Institute's friends—we do not care to interest its foes—is that the number of its members is not on the increase. It is to-day about what it was sixteen years ago. Then it was 816; now it is 831, not counting corresponding or honorary members. Yet the growth of the profession during that period has probably amounted to nearly 50 per cent., so that the Institute's membership at this time ought to be not less than 1200, and its income, instead of being about \$4000, should be about \$6000 annually. The fluctuations in membership, together with some other important facts, are represented in the following table:

Date and Place of Meeting.	Membership.				Fees.	
	Increase.	Decrease.	Net.	Total.	Admission.	Annual.
1869. Boston.....	212	.....	.....	723	\$2 00	\$3 00
1870. Chicago.....	95	2	Increase, 93	816	2.00	3.00
1871. Philadelphia.....	99	61	Increase, 38	854	2.00	3.00
1872. Washington.....	70	60	Increase, 10	864	2.00	5.00
1873. Cleveland.....	71	93	Decrease, 22	842	2.00	5.00
1874. Niagara.....	97	173	Decrease, 76	766	2.00	5.00
1875. Put-in-Bay.....	77	37	Increase, 40	806	2.00	5.00
1876. Philadelphia.....	71	Not	published.		2.00	5.00
1877. Chautauqua.....	35	47	Increase, 59	865	5.00	7.00
1878. Put-in-Bay.....	23	60	Decrease, 37	828	5.00	5.00
1879. Lake George.....	40	58	Decrease, 18	810	5.00	5.00
1880. Milwaukee.....	40	24	Increase, 16	826	5.00	5.00
1881. Brighton Beach..	107	133	Decrease, 26	800	5.00	5.00
1882. Indianapolis.....	48	25	Increase, 23	823	5.00	5.00
1883. Niagara.....	53	25	Increase, 28	851	5.00	5.00
1884. Deer Park.....	32	40	Decrease, 8	843	5.00	5.00
1885. St. Louis.....	39	51	Decrease, 12	831	5.00	5.00

This table will commend itself to the study of the business men of the Institute. The first point noted will probably be the one already alluded to—the fact that during the sixteen years last past, 1870–1885 inclusive, the membership has ranged between 800 and 865. To this there is one exception, namely, in 1874, when notwithstanding the reception of nearly a hundred new members, there was a net decrease of 76, and a falling off of the total to 766. The large decrease here, as in other years, is due chiefly to the rigid rule which requires the dropping of members for continued failure to pay their annual dues. Aside from this one exception, the “stand-still” of the Institute’s membership is strikingly perceptible.

Physicians will naturally ask for the causes of this exceedingly slow growth, and various reasons will be assigned. Some will ascribe it to “a departure from the doctrines of Hahnemann;” others to “too much Hahnemannism;” some to “low potency mongrels,” and others to “high potency fanatics.” The mass of our physicians, however, will attach very little importance to any or all of these “reasons.” A much more significant reason could be found in “the selection of places of meeting remote from large centres of professional population,” and Chautauqua (1877), Put-in Bay (1878), and Lake George (1879), with additions of but 35, 23, and 40, new members, will be cited as illustrations. The reply to this will be that at Niagara in 1874 and Put-in Bay in 1875, the new members received were 97 and 77—a number equal to the average obtained in Chicago (1870), Philadelphia (1871 and 1876), Washington (1872), and Cleveland (1873). Hence the selection of a “pleasure-resort” in preference to a crowded city will be acquitted of all responsibility in the matter.

But there is an explanation of the unfortunate condition of affairs which cannot be so easily set aside. The table shows that when the admission fee was *two* and the annual dues *three* dollars, the new members were numbered by nineties (see 1870 and 1871); that when the annual dues were raised to *five* dollars the numbers fell off to seventies (see 1872 to 1876 inclusive); and that when the admission fee was also raised to five dollars, the new members suddenly dropped to the forties, thirties, and even twenties (see 1877 to 1885 inclusive). To this statement there are but two exceptions, viz., the meetings at Niagara and Brighton Beach in 1874 and 1881. Now in order to make a comparison, let a line be drawn through the table between the years 1876 and 1877. Let us also, for the sake of fairness, strike from the table the Boston meeting,

with its magnificent list of 212 new members. We thus have the years 1870 to 1876 inclusive, as our *first period*, during which the admission fee was two dollars, and the years 1877 to 1885 inclusive, as our *second period*, during which time the fee was five dollars. It is observable that at the beginning of this second period there is a sudden and remarkable diminution in the number of incoming members, and that this lower rate of increase persists steadily until now.

During the first period the annual increase averaged . . .	83
During the second period,	46 $\frac{1}{3}$
An annual loss in members averaging	36 $\frac{2}{3}$
During the <i>first</i> period the receipts from admission fees	
and first year's dues averaged	\$580
During the <i>second</i> period the amount averaged	463.33 $\frac{1}{3}$
An annual loss to the Institute treasury of	\$116.66 $\frac{2}{3}$

Again, we find that of the 417 members admitted during the second period, 334 or 80 $\frac{1}{3}$ per cent. of the total still retain their paying membership. If the number admitted had corresponded with that of the first period, and the same proportion had retained their membership, the total number of members at present would be 265 greater than it actually is, and the Institute's income from annual dues this year would be \$1325 greater. In other words the Institute's membership should be about 1100, instead of 831, and its income about \$5500 instead of about \$4150, as it should be if all collections could be made.

This does not, however, tell the whole story. The average of 83 new members annually on which we base our arithmetic, is the increase actually reached from 1870 to 1876. At the present time it ought to be considerably greater, because of the materially increased number of our practitioners. While it might not be prudent to assert that the high initiation fee is the sole cause of the slow growth of the Institute membership, the indications point strongly toward it, as a principal cause.

The propriety of demanding an admission fee at the door of an ordinary medical society might be easily questioned both on the ground of policy and on the ground of principle. The admission of a member does not involve any special expense to the organization, nor does it confer any personal pecuniary benefits on the admitted members. All benefits accrue *during the continuance* of the membership, not at the moment of its beginning; it does not seem rational, therefore, to charge a high admission fee, unless said fee is designed for some special or permanent object. If the annual fees are

insufficient to meet the annual expenses, the former should be increased or the latter reduced; and if the admission fee really is retarding the society's growth, it should be either reduced to a mere nominal sum or else abolished altogether. The American Medical Association, it appears, charges no admission fee, and the other day a very important and influential body—the Alumni Association of the New York Homœopathic College—adopted a rule remitting all fees to members during their first year.

THE SARATOGA CONVENTION.—In the minds of those who possess more than the usual facilities for acquiring information on the subject, there is a conviction that the meeting of the American Institute of Homœopathy, to be held at Saratoga, N. Y., June 28th to July 2d, inclusive, will be one of the largest gatherings of homœopathic physicians ever held, and also one of the best. The reasons for this belief are the general and earnest expressions of interest in the subject, the unusually careful and thorough preparations that are being made by the Bureaux, the accessibility of Saratoga to so large a proportion of the homœopathic physicians, the reduced rates of railroad fare and of hotel rates, the natural and widely-known attractions of Saratoga as a pleasure and health resort, and the special arrangements made by the hotel management for the comfort and enjoyment of the physicians and their friends who may be in attendance. The Secretary's announcement, shortly to be issued, will give full and explicit information on all these points, and a general programme of the order of business.

The arguments that might be advanced just here to induce our hard-worked physicians to lay aside their duties for a few days and take a little physical and mental refreshment at the Institute meeting, have been all worn thread-bare by numerous repetitions. The enjoyments and benefits to be derived from the meetings, however, are just as fresh and crisp as ever. It pays the doctor to go, and it pays his patients to have him go.

Dr. Runnels, the President of the Institute, has well said: "It is the duty of every member to act as a missionary and induce as many others to attend and join the Institute as possible. You have doubtless lukewarm neighbors who should be made alive to their duties of professional association. If they cannot be prevailed upon to attend the meeting, induce them to forward their application for membership, properly attested, to R. B. Rush, M.D., Chairman Board of Censors, Salem,

Ohio, who will also furnish the proper blanks upon application." The Doctor evidently believes that the Institute and its approaching session ought to be the prominent topic of conversation among homœopathic physicians during the month of June.

THE HUDSON RIVER STEAMBOAT LINES.—It has occurred to us that some of our readers might wish to enjoy a steamboat ride up or down the Hudson, on the way to or from Saratoga. Hence we have looked up the matter of steamboat accommodations, and here is the result of the search :

The "Day Line" (steamers Albany and C. Vibbard) leave pier at foot of Vestry Street, New York, at 8.40 A.M., and 22d Street at 9 A.M., arriving at Albany at 6.10 P.M. Returning, leaves Albany at 8.30 A.M., arriving at New York at 6 P.M. Restaurant *a la carte*. Train for Saratoga leaves Albany at 7 P.M., arriving at 9 P.M.

"People's Line" (steamers Drew and Dean Richmond) leave pier 41, foot of Canal Street, near Desbrosses Street Ferry (New York), at 6 P.M., *Sundays excepted*. Returning, leaves Albany at 8 P.M. Close connection with Saratoga trains. Staterooms secured, by letter or telegram, from W. J. Moak, 369 Broadway, N. Y., and at the office on the pier. Meals on European plan.

"Citizens' Line" (steamers City of Troy and Saratoga) leaves pier 44, foot of Christopher Street, North River, at 6 P.M., *Saturdays excepted*, arriving at Troy at 6 A.M. Returning, leaves Troy at 7.50 P.M. (or on arrival of evening trains). Close connections with Saratoga. The steamer Saratoga, leaving New York on *Sunday* evening, also lands at Albany. Meals on European plan. Staterooms can be secured by letter or telegram, by addressing G. M. Lewis, General Ticket Agent, Pier 44, as above.

The two evening lines going north give passengers about two hours of daylight and twilight on some of the most beautiful portions of the river.

THE WORLD'S HOMŒOPATHIC CONVENTION.—Especial attention is hereby called to the two letters published elsewhere in this number, respecting the convention to be held at Brussels during this summer. Dr. Hughes very properly considers himself under obligations to his brethren, to see that preparations for the convention are duly made, and as the Brussels physicians have not made these preparations, the duty falls back upon himself, where it was placed by the London Convention five years ago. Dr. Hughes' importunate request ought to be complied with *and with the utmost promptitude*.

Notes and Comments.

HOMŒOPATHIC LITERATURE.—The medical reader cannot but be struck by the large number of copied articles appearing in our periodicals. This indicates either too many journals or lack of activity on the part of those who contribute to their pages.

ACCIDENTAL VACCINATIONS.—An English apothecary who had received a stock of fresh vaccine points exhibited them for sale on his counter. A farmer who happened to come in used one of the points as a toothpick, and pricked his gums in the operation. It "took" in the most approved fashion. We once had a patient who vaccinated herself accidentally on the lips by kissing her child's vaccination sore "to make it well."

EXTRACT FROM AN OLD-SCHOOL JOURNAL.—"The value of Phosphorus in many diseases of nervous origin is too well known to call for comment."
—*Dr. Wm. Murrell.*

"In my private note-book I attach to Phosphorus the name of humbug."
—*Dr. S. Wilks.*

Never do allopaths shine to better advantage than when criticising each other's therapeutic resources.

ACONITE AS A TÆNIACIDE.—The *Medical Bulletin* cites three cases of tape-worm reported by Dr. Robertson, of Detroit, Mich., in which Aconite was successful in expelling the parasite. "Great caution will be necessary, however, in the administration of the remedy. The dose should not exceed five or ten minims of the tincture. The pulse should be carefully watched, and free catharsis should be induced as soon as two or three doses have been administered," the doses being repeated hourly.

HOW TO OBTAIN TESTIMONIALS FOR PROPRIETARY PREPARATIONS.—From an advertisement in an esteemed contemporary we learn that a certain proprietary medicine (?) is endorsed by three eminent physicians (all of them dead, by the way), and a large number of lesser lights as yet to fame unknown. Three of these are said to reside in Philadelphia, but we fail to find their names in Lindsay & Blakiston's *Medical Directory* for 1885. Perhaps they are dead, too—and, perhaps, they never existed.

SUGAR OF MILK.—The *Homœopathic Recorder* for May, 1886, gives an interesting article relative to the composition and quantitative analysis of milk sugar. The process, in order to ensure accuracy, is extremely tedious and delicate. During the last four years Messrs. Boericke & Tafel, of Philadelphia, have had over thirty of these quantitative analyses made of different sugars, by Professor Wolf, of Delaware College, and Professor Tremper, of the Philadelphia College of Pharmacy. "These gentlemen aver that it is inadmissible to make use of a muffle-furnace in a quantitative analysis of milk sugar."

HOMŒOPATHY STILL AHEAD.—Those who attended the Institute meeting at St. Louis, last year, are aware that a local paper published "portraits" of a number of the eminent members of that body. They remember also that the compliment was greatly "enjoyed" by the Institute, particularly by those of its members who were omitted from the "picture-gallery," and who were not the least bit jealous of the distinguished honor thus shown to their brothers. The same paper this year published a series of similar portraits of members of the American Medical Association, recently in session in St. Louis. We are happy to be able to announce that, judging from the portraits, allopathic physicians are uglier than—beg pardon, we mean that the homœopaths are a much finer-looking body of men than are their allopathic brethren.

New Publications.

A **MANUAL OF AUSCULTATION AND PERCUSSION.** Embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By Austin Flint, M.D., LL.D., etc. Fourth Edition. Thoroughly Revised and Enlarged. Illustrated with Fourteen Woodcuts. Philadelphia: Lea Brothers & Co. 1885. 12mo., pp. 280. Price, cloth, \$1.63.

Dr. Flint's book has been before the profession for several years, and has been deservedly popular, especially among students and specialists. It seems to us, however, to possess special adaptation to the wants of the general practitioner, particularly by its terse, condensed treatment of its subject and the author's evident knowledge of the fact that he is writing for diagnosticians and not for mere theorists.

A **TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY.** By W. S. Playfair, M.D., F.R.C.P. Fourth American from the Fifth English Edition, with Notes and Additions by Robert P. Harris, M.D.; with Three Plates and Two Hundred Illustrations. Philadelphia: Lea Brothers & Co. 1885. Octavo, pp. 663.

Since Playfair's first edition was issued in 1876, the practice of midwifery has undergone some most important modifications, particularly in the cases requiring instrumental interference and the general antiseptic precautions now employed. This last edition represents the art as now practiced in England, except in those particulars in which the practice in this country differs from that of our transatlantic colleagues. In outlining and enforcing these differences, the American reviser has indicated his own handiwork by the use of brackets, thus defining his own special responsibility.

Playfair is one of our accepted text-books, and has received such strong endorsement from teachers and practitioners, as renders any further commendation superfluous.

THE AMERICAN HOMŒOPATHIC PHARMACOPŒIA. Third Edition. Thoroughly Revised and Augmented. By Joseph T. O'Connor, M.D., Lately Professor of Materia Medica and Toxicology, and Formerly Professor of Chemistry and Toxicology in the New York Homœopathic College. Philadelphia and New York: Boericke & Tafel. 1885. Octavo, pp. 521.

It is a most unfortunate circumstance that no work of the kind above mentioned can possess the merit of absolute authority. The work before us may be said to lack this quality, notwithstanding the fact that the rules laid down in it are almost entirely those recommended by Hahnemann, and under which the drugs proved by him and his contemporaries were prepared. This fact ought to exempt the work from any unfavorable criticism, and yet, so long as no standard is adopted by recognized medical authorities, there is set before the profession "an open door" to a discussion of pharmaceutical methods likely to work grievous confusion in our drug

preparations and vast injury to our patients. Pharmacists are to-day regarded as under no obligation to adhere to any recognized set of formulæ, and as long as such is the case, the task performed by Dr. O'Connor in the preparation of this book, and by Boericke & Tafel in publishing it, must be a more or less unpleasant and ungrateful one.

The work aims "to include all medicinal substances used in the practice of homœopathy, either fully or partially proved, and others in actual use or occasional demand, to identify them accurately and concisely after the highest authorities, to give reliable working formulas for the preparations of the chemicals, and finally to convert them into remedial agents in accordance with the rules laid down by Hahnemann."

The reviser has added in this edition a list of the drugs treated of, with their accented syllables properly marked. This will aid much in promoting uniformity in their pronunciation—a much-needed desideratum.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. Embracing the Entire range of *Scientific and Practical Medicine and Allied Sciences*, by Various Writers; Illustrated by *Chromo-Lithographs* and Wood Engravings. Edited by Albert H. Buck, M.D. Vol. II. *Catarrh—Eye*. Large octavo, pp. 814. New York: William Wood & Co. 1886.

This work, almost encyclopædic in character, maintains in this second volume, all the promise and anticipation held out in its predecessor. Among the more important articles treated of in this volume we may enumerate Catarrh; Cerebro-spinal Meningitis; Cestodes or Tape-Worms; Chancre; Chest, and its Physical Exploration; Cholera; Chorea; Cornea, its Diseases and Abnormalities; Cremation; Croup; Deaf-mutism; Diabetes; Diarrhœa; Digestion; Diphtheria; Dislocations; Dropsy; Ear and its Diseases; Electricity, its Medical and Surgical Uses; Embolism; Epilepsy; Eye and its Diseases; etc., etc. Of course this list gives only the faintest hint of the value of the work, and it must be added that the consideration of these topics is quite as thorough as in many of the ordinary text-books. The chapter on the ear would fill about 240 pages, and that on the eye about 180 pages of this journal. Illustrations abound throughout the work, and several colored plates are added to elucidate important medical and surgical points.

A SYSTEMATIC TREATISE ON THE PRACTICE OF MEDICINE. By A. E. Small, President of, and Professor of Medical Jurisprudence and the Practice of Medicine in the Hahnemann Medical College and Hospital of Chicago, Ill., etc., etc. Chicago: Duncan Brothers. 1886. Octavo, pp. 900.

Professor Small opens his volume with a general view of health and disease, with the nature of the causes of morbid conditions and processes, followed by several chapters on practical hygiene, and an outline of the general structure and functions of the human body. Thirty-three pages are devoted also to a concise résumé of the more prominent symptomatic indications of about one hundred and forty of our chief remedies, with a table

of antidotes, etc. The body of the work takes up the consideration of diseases under the general arrangement most frequently employed by modern writers, and lastly, the author gives a chapter of nearly a hundred pages of "Clinical Notes and Observations."

The book is by no means free from defects, particularly in some of its pathological features, which seem to us not up to date, and in its proof-reading, which ought to have been done better. Perhaps Dr. Small's experience has taught him to infer that the pathological theories of the present day are scarcely more likely to be correct than their predecessors, and that in a few years these also will be supplanted by others of equally transitory character. To our mind, the most valuable feature of the work is its closing chapter of "Clinical Notes and Observations." The chapter contains about a hundred and fifty most valuable confirmations of the curative power of the homœopathic remedy, drawn almost exclusively from the author's long and wide experience. It is the rich and precious legacy of a medical father to his children, and will endear the work to all its readers. In the chapters on the various diseases there comes from every page the impression that the suggestions presented are such as the writer's own experience has corroborated, thus giving to the work a special practical worth.

Dr. Small's name is associated with the work of homœopathic medical education from its beginning until now. The place he holds in the affections of his brethren, nearly all of them younger than himself, is peculiarly warm and sacred. We never open his book without asking why the publisher did not so far depart from the usual custom as to preface the title page with a steel-plate portrait of the author. All purchasers would gladly pay the increased cost.

PURPURA. By George William Winterburn, Ph. D., M.D., Editor of the *American Homœopathist*, etc. New York: A. L. Chatterton & Co. 1886. Pp. 240.

Dr. Winterburn, in preparing a report for the New York State Medical Society for the Bureau of Materia Medica, on hæmorrhage, pursued his studies on the subject of Purpura to such an elaborate extent as to give us this valuable work, covering as it does the minutiae of this somewhat rare disease.

We have met with a goodly number of cases of this disease, especially about twenty-two years ago when an epidemic of Typhus petechialis passed through our city and neighboring towns during two successive seasons, and leaving its typhus tendency for years thereafter. He intimates, very wisely, that a well-regulated diet, consisting of a due proportion of animal and vegetable food, is requisite, the aim being to make up, by easily assimilated foods, for the loss of blood and the debilitating tendencies of the disease. He also says, rest is another important factor, inasmuch as exertion after recovery frequently causes a relapse. In regard to local measures, he cautions against bruising or causing traumatism of any kind, or the abrasion of the skin or mucous surfaces. Yet where considerable loss of blood occurs,

he advises pressure, or the tampon, or cold applications, as the case may require, as temporary expedients, depending, mainly, however, upon the selection of the proper remedy to control the hæmorrhage.

In several cases, we have found hæmorrhage to occur in such localities as to preclude, without great inconvenience, anything but the general administration of the homœopathic remedy. Such, for instance, as bleeding of the tonsils, pharynx, palate, gums, lips, inside of the eyelids, etc. The list of remedies which he has given, with their indications, certainly covers the entire field of the disease. Our own experience confirms *Hamamelis* as one of the best indicated remedies in most cases, and Sulphuric acid, also, one of the most valuable remedies, although he does not place it among the foremost on the list. We are much pleased with the thoroughness with which he has gone into the subject.

B. W. J.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE EAR. By Oren D. Pomeroy, M.D., Surgeon to the Manhattan Eye and Ear Hospital, etc. With one hundred Illustrations. Second edition, Revised, with Additions. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1886. Pp. 408.

From Professor O. D. Pomeroy's well-known abilities as a lecturer on the subject of Otology, and from his long connection with the New York Manhattan Eye Hospital, a work coming from his pen, with the assistance of Dr. J. O. Tausley's illustrations in the way of personal pen-drawings, is a sufficient guarantee that it is fully up to date, and that it is thorough in what is taught therein, both in a general way and in detail. The chapter on Mastoid Affections is highly interesting, as well as the sections on chronic purulent inflammation of the tympanum. Under perforation of the membrana tympani he remarks: "If the perforation is of large size, and the edges of the membrane are much sunken, so as nearly, or quite, to touch the promontory, the exact coloring of the lining of the tympanum may appear. Sometimes it is very pale, and again it may be deep-red. This may give the usual moist reflex, or in some cases where the mucous lining of the promontory has become nearly or quite dry from the conversion of its epithelium into a surface very analogous to that of the skin, it will be red, but may have a dry, shining appearance. Where the perforation is small, and the membrane is not much sunken, the tympanum will be badly illuminated, and the perforation will appear like a minute dark spot. Sometimes the perforation will be only a fissure, which may not be distinctly, or even at all, visible. To diagnose a perforation is sometimes difficult. Where the membrane is entirely swept away, it is not always easy to determine this fact. By touching the part with a probe, the absence of the elasticity felt when the membrane is touched will usually settle the doubt, but sometimes the membrane may be red, and moist, and in contact with the inner wall, when by using atmospheric traction with Sièglé's otoscope, any remnant of membrane may be seen to move. (Recently, in 1885, I diagnosed total absence of the membrana, when my attention was called to the fact that the red surface simulating the inner wall of the tympanum moved under inflation. This indicated that the membrane was intact.)"

In treating Purulent Otitis, he very properly insists upon absolute cleanliness. All discharge to be gently but thoroughly removed as often as it accumulates; and, somewhat against professional opinion, he advises the syringe, but says all violence must be avoided in its use, and suggests the application of tepid water containing a little salt, carbolic acid, or castile soap. As some discharge will fail to be dislodged even by this method, he thinks it will be good treatment to fill the ear with warm water, and then, while the head is held over towards the opposite shoulder, to perform Politzer inflation through the Eustachian tube. After irrigation, he suggests a thorough drying of the meatus, and the removal of any further foreign material by means of absorbent cotton on a dentist's cotton-holder, all steps of the operation being watched in the light afforded by a head-mirror. A full list of illustrations of instruments and diseased conditions are added, and give additional value to the work, which we take pleasure in recommending.

B. W. J.

THE PHYSICIAN'S CHEMISTRY. By Clifford Mitchell, A.B. (Harvard), M.D., author of "Student's Manual of Urinary Analysis," "Clinical Significance of the Urine," "Practitioner's Guide in Urinalysis." Chicago: Gross & Delbridge. 1886. Pp. 301.

We are glad to see a medical chemistry issued by a homœopathic physician, and we appreciate Dr. Mitchell's efforts to furnish physicians with a condensed practical work on this subject. The author simplifies chemical theory very materially, so that the formulæ are easily written and understood. Then in regard to the subject of organic and inorganic chemistry, animal chemistry, and general toxicology, he gives the latest thoughts in as brief a form as possible. He gives a chapter of fourteen pages on the examination of urines, in which he sums up the principal points connected with the best plans for making these tests. He treats, first, of their physical characteristics, then their abnormal constituents, then the examination of sediment, and their normal constituents; also, bedside testing and estimation of urea, and quantitative estimation of albumen. General toxicology also receives considerable attention. The appendix is quite large, but the errata and addenda indicate that a better proof-reading should have been indulged in. The reader will find much valuable information contained in this text-book, and for ready reference it will be found one of the easiest for the busy practitioner.

B. W. J.

PUBLICATIONS RECEIVED.

From William Wood & Co., New York:

DISEASES OF THE LUNGS OF A SPECIFIC NOT TUBERCULOUS NATURE. By Germain Sée, M.D.

DISEASES OF THE SPINAL CORD. 2d edition. (Wood's Library for 1886.) By Byrom Bramwell, M.D.

INSANITY AND ITS TREATMENT. (Wood's Library for 1886.) By — Blandford.

THE PRINCIPLES AND PRACTICE OF SURGERY. By Frank H. Hamilton, M.D.

From Lea Brothers & Co., Philadelphia:

THE SURGICAL DISEASES OF CHILDREN. By Edmund Owen, M.B., F.R.C.S.
SURGICAL DISEASES OF THE KIDNEY. By Henry Morris, M.A., M.B., F.R.C.S.
A MANUAL OF SURGERY. By Frederick Treves, F.R.C.S.

From P. Blakiston, Son & Co., Philadelphia:

THE STUDENT'S MANUAL OF VENEREAL DISEASES. By Berkeley Hill, M.D.,
and Arthur Cooper, M.D.
DISEASES OF THE DIGESTIVE ORGANS IN INFANCY AND CHILDHOOD. By
Louis Starr, M.D.
A MANUAL OF MIDWIFERY. By Alfred Lewis Galabin, M.A., M.D.

From Boericke & Tafel, Philadelphia:

AMERICAN MEDICINAL PLANTS. Illustrated. (Fascicles IV.) By Millspaugh.

Also, the following:

Transactions of the Homœopathic Medical Society of the State of New
York, 1885.
Publications of the Massachusetts Homœopathic Medical Society, 1885.
Proceedings of the International Hahnemannian Association, 1884-85.

Cleanings.

TREATMENT OF INTESTINAL OBSTRUCTION.—On this subject there is a great diversity of opinion. Mr. Jonathan Hutchinson advises against early interference, and advocates abdominal taxis under an anæsthetic. By abdominal taxis he means a thorough kneading of the abdomen with inversion of the patient, shaking him, tossing him in a blanket, etc., the object being to dislodge the bowel. At the same time, he uses large enemata. He favors laparotomy as a last resort. Mr. Frederick Treves looks upon intestinal obstruction as almost necessarily fatal. He therefore advocates early laparotomy. Dr. Randolph Winslow of Baltimore regards Mr. Hutchinson's treatment as dangerous, as there is more likelihood of the manipulations increasing the difficulty than of lessening it. He believes intestinal obstruction to be the result of internal constriction from bands or adhesions as almost necessarily fatal, and then advocates laparotomy as the main therapeutic measure. He regards severe pain, obstinate constipation, and stercoraceous vomiting as symptoms of sufficient gravity to justify the performance of laparotomy. Dr. Winslow then places on record a case of this operation performed by himself for relief of intestinal obstruction with successful result. A notable feature of the case was the complete cessation of vomiting and pain after the operation. The treatment of intestinal obstruction by washing out the stomach and thereby promoting mechanical vomiting and emptying the intestines of gases and feces, as recommended by Kussmaul, Dr. Winslow thinks worthy of trial, as he believes it to be harmless. The relief of the obstruction by the injection of water under high pressure, as recommended by Illoway, he thinks is dangerous.—*Amer. Journ. Med. Sciences*, April, 1886.

RIGHT-SIDED ENDOCARDITIS.—The following are Dr. Byrom Bramwell's investigations respecting right-sided endocarditis: (1) His pathological experience leads him to believe that right-sided endocarditis is much more frequent than is usually supposed; and that this conclusion is in no way contradicted, but on the contrary rather confirmed by clinical evidence and

clinical facts. (2) Sibson's arguments against the tricuspid murmur of acute rheumatism being indicative of right-sided endocarditis, are not valid. (3) In Bramwell's opinion a tricuspid murmur occurring in the early stages of acute rheumatism in a previously healthy person, who is not anemic, is indicative of a rheumatic affection of the right heart. (4) Whether (a) the tricuspid regurgitation is the *direct* result of the inflammation of the tricuspid valve, or whether (b) it is due to a rheumatic affection of the wall of the right ventricle, with resulting relative or muscular incompetence, the pathological evidence seems to show that when the right heart is so affected in acute rheumatism as to produce a tricuspid leakage, inflammation of the endocardium of the right heart is often (usually?) present. (5) Although right-sided endocarditis is of frequent occurrence, it is comparatively seldom followed by permanent organic disease of the tricuspid valve; in short, right-sided endocarditis is an eminently curable affection.—*Amer. Journ. of Med. Sciences*, April, 1886.

TREATMENT OF CHILBLAINS.—According to Meurisse (*Journal des Sciences Méd. de Lille*) chilblains may be relieved by local baths of sulphuric acid and water, a liquor-glass of the former to a quart of the latter. Ulceration is no contraindication. The baths, lasting about ten minutes, are employed twice daily.—*Amer. Journ. of Med. Sciences*, April, 1886.

A NEW METHOD OF OPERATING UPON UNRIPE CATARACTS.—Wicherkiewicz (*Klin. Monatsbl. f. Augenheilk.*, November, 1885) in this paper offers a substitute for the combined iridectomy and massage, followed later by extraction, which Förster proposed to employ in cases of immature cataracts. In suitable cases he makes the modified linear section of Von Graefe with a moderate conjunctival flap and upward iridectomy. A circular piece of the capsule is then excised and removed with the iris forceps. By slight pressure upon the cornea the nucleus is extruded, and with it a quantity of the soft lens matter. He then takes a peculiarly constructed glass irrigator, with one long curved jet-pipe, furnished with a silver end-piece and a short straight tube, by which the irrigator is filled. The irrigator having been filled with a one per cent. solution of boric acid, first boiled and then allowed to cool to a temperature of 30° C., he takes it in his hand, covering the entrance tube with one index finger, and carefully introduces the silver end of the long tube into the anterior chamber as far as the margin of the pupil and behind the iris. The index-finger is then removed from the other opening, and the pressure of the atmosphere drives the fluid out of the irrigator into the anterior chamber, and washes out the soft lens matter through the wound in the cornea. This irrigation is continued until all the cortex is removed and the pupillary space appears black and clear. The eye is then washed and bandaged in the usual antiseptic manner.—*Amer. Journ. of Med. Sciences*, April, 1886.

DAMP AND DIPHTHERIA.—Much has been written on the etiology of diphtheria; yet we are unable to prevent epidemics of this disease. Anything new or unusual in this relation cannot but be of value. Dr. Nelson Hardy reports a series of cases of diphtheria occurring among the occupants of an English police station-house. Among fifty persons connected with the building in twelve months, seven were seized with diphtheria. The drains and water-closets were in a very defective condition at the time. The more serious sanitary defects were remedied, however, leaving only dampness of the walls to account for those of the cases which occurred after the repairs had been made. The possibility of contagion having occurred in these cases was carefully eliminated.—*Br. Med. Journ.*, March 13th, 1886.

REACTION OF THE GASTRIC SECRETION, AND ITS RELATION TO CHOLERA INFECTION.—Koch's observations show that the comma bacillus

is the cause of cholera. It has also been said that the alimentary canal is the only mode of entrance of the bacillus into the system, and that the comma bacillus is neutralized or killed by acid. This last assertion has been positively proven by experiments. The above propositions involve a contradiction, to settle which Dr. Matthew Hay has experimented on the chemical reaction of the gastric secretion of cats when the stomach was empty of food or contained only water or a neutral saline solution. Invariably, he found an alkaline reaction. If any solid food, even a single meat fibre, was present, an acid reaction was found. Prof. Ewald has, at the request of Koch, experimented on human beings. He found that when water was introduced into the stomach of a fasting man, it had a neutral or alkaline reaction so long as it remained in the stomach. This he ascertained by removing portions of it from time to time by means of a stomach tube. This is of great importance in connection with the ingestion of the cholera bacillus; for if acid solutions destroy the bacilli, then, if they be swallowed when the stomach contains food, they run the chance of being destroyed by the acid of the gastric contents. If, on the other hand, they be swallowed in water, as it is believed they generally are when infection occurs, and the stomach be previously empty, then the bacilli will assuredly pass safely through the stomach into the intestines, where they find a suitable *nidus*. The practical conclusion to be derived from Hay's experiments is that in time of a cholera visitation, when there is great liability to pollution of the water with the choleraic bacillus, one should carefully avoid drinking water after a long fast, except some solid food has been previously taken, and should especially avoid doing so before breakfast.—*British Medical Journal*, March 13th, 1886.

DILATATION OF THE STOMACH IN CHILDREN.—Moncorvo first called attention to this lesion in 1883, and showed that it existed even among very young children, though not previously recognized by systematic writers upon children's diseases. He also observed that it coincided in almost every case with the symptoms of gastric catarrh of variable intensity and more or less prolonged continuance. In addition, in all the cases which were observed, there had been a bad alimentary hygiene, the majority of the children having been brought up upon the bottle, and only a small number upon a mixed diet. Such a method of nutrition had had its effect from the very start in the existence of diarrhoea of the lenteric variety, vomiting, colic, etc. In addition to bad hygienic conditions of these cases, it was frequently observed that the little patients suffered either with hereditary syphilis or malarial poisoning. Hereditary syphilis, by its dystrophic action, weakens the system even from fetal life, the effect being most noticeable upon the respiratory and digestive apparatuses. Bad hygienic conditions being added to these, the natural result in a short time must be the relaxation and dilatation of the gastro-intestinal tube. In malarial countries the poison acts with especial force upon the gastro-intestinal mucous membrane, this being the avenue by which a large portion of the germs enters the organism, especially when taken with the water which is imbibed. This action is to set up a gastro-intestinal catarrh which, when continued during months or years, results in the relaxation of the gastric muscular tissue, from which dilatation follows. Bad alimentary hygiene will make this result a more certain one. The examination of young children affected with this trouble presents difficulties which are not encountered in the adult, and some of the customary diagnostic signs in the adult cannot be made available in children. A method which the author has found very useful, he calls the method of plessimetric gastro-resonance. In practicing it, he first gives the child thirty to sixty grains of a ten per cent. solution of tartaric acid, to which is added a solution of bicarbonate of soda of equal strength and quantity. The mixture of these solutions disengages in the

stomach a quantity of carbonic acid gas, which distends the organ. A stethoscope is then applied to the centre of the epigastric region, and while the ear is applied to it the index and middle fingers of the right hand are used to tap, with some sharpness, the epigastric region. The resonance which is thus produced resembles the sound which is produced by a stroke upon a drum. It is only appreciable over the stomach, and hence enables one to mark out definitely the boundaries of that organ. It may also be added that this condition of gastric dilatation was a frequent accompaniment of rachitis.—*Archives of Pediatrics*, March, 1886.

FATAL CASE OF IODISM.—Dr. D. E. Bottorff, of Ashtabula, Ohio, reports the case of Mrs. —, aged 55 years. She had had for many years an enlargement of the right lobe of the thyroid gland. Fearing it would enlarge, she took syrup of the iodide of iron in doses of twenty drops thrice daily. In addition, she used locally an ointment of iodine and camphor. In about five weeks she discovered a tremor of the limbs, unsteady, staggering gait, and rapid action of the heart, compelling her to desist from work. This condition increased; the pulse was 140, and very weak. The tremor of the limbs increased; she became unable to stand without assistance. Hysterical nervous symptoms appeared; violent vomiting came on; the mouth and throat were both dry, so dry, in fact, as to make swallowing difficult. Starchy foods taken were ejected in large quantity, of bluish color, showing the reaction of iodine, although none of the drug had been taken for several days. Slight soreness appeared in the hypochondria, with tenderness over the stomach. Bowels were inactive. A very annoying feature of the case was an accumulation of tenacious phlegm in the throat, which was expectorated with great difficulty. About a week later, the mouth and throat became so sore she could scarcely swallow. The breathing was short; the limbs were cold; the tremor had ceased. The limbs became completely paralyzed in a few days more, the paralytic action extending to the organs of deglutition and respiration, and the mind became clouded. Pytalism came on, and twenty-four hours later, death closed the scene.—*Medical Advance*, January, 1886.

POISONING BY CASTOR BEANS.—Dr. S. E. Earp, of Indianapolis, reports the case of a man who ate ten seeds of the castor-oil plant. Two and a half hours later, the face became flushed, and a tingling sensation of the skin, confusion of ideas, and intense abdominal pain were prominent features. One hour later, emesis was violent in the extreme, and each effort brought forth large quantities of mucus mixed with blood. The bowels moved frequently with bloody stools, attended with great pain and tenesmus. When Dr. Earp first saw the patient, he found him with cold and clammy skin, bathed in a profuse perspiration. The patient appeared rather stupid and his memory was unreliable. Tympanites and abdominal tenderness were well defined and the muscles of the throat were tender to touch. The next morning, the patient had a temperature of 102° F., pulse 90, tongue heavily coated, and skin dry and harsh. The patient complained of general soreness and said that he felt as if he had been sick a long time. At the end of a week, the patient was able to leave his bed.—*Cincinnati Lancet-Clinic*, February 6th, 1886.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE STOMACH.—In diagnosing diseases of the stomach, Ewald considers it essential to examine the stomach contents. His method of carrying this out is as follows: The patient is allowed for his breakfast two small French rolls and a cup of tea, without milk or sugar. An hour afterwards, the contents of the stomach are withdrawn by introducing into the stomach a simple rubber tube of sufficient length to project four to five inches beyond the mouth.

The contents usually flow out by simply lowering the external end of the rubber tube; should this not occur, however, mere pressure upon the abdomen, while the patient is told to take in a few deep breaths, nearly always succeeds in emptying the stomach. The author looks upon the introduction of the tube as an easy matter, which is not attended with any more inconvenience to the patient than the employment of the laryngeal mirror. In every case, however, he first auscultates the heart to ascertain if an aneurism of the aorta exists, having in view the case reported by Frerichs, in which the passage of an oesophageal sound produced rupture of an aortic aneurism. From the examination of several healthy individuals, who might be counted by hundreds, the following results may be said to be established: That after partaking of the above-mentioned diet, the digestive act is divided into three stages—the first (occupying thirty minutes), in which lactic acid is present; the second (thirty to sixty minutes), in which lactic and hydrochloric acids are present; the third (sixty to ninety minutes), in which hydrochloric acid alone is present. But when a pathological condition of the stomach exists, these stages occupy a longer time; so that an hour after the food is taken lactic acid is still to be found. The results of the chemical examination of the stomach contents are given, in tabular form, of seven cases of carcinoma, five of ulcer, five of dilatation, eighteen of chronic catarrh (*a*), nine of chronic catarrh (*b*), fourteen of neuropathic dyspepsia (*a*), and six of neuropathic dyspepsia (*b*). Not one of the cases of cancer was attended with swelling of the glands, nor could a tumor be made out, so that the diagnosis of cancer had to be based on the chemical examination of the stomach contents, together with the other recognized symptoms of carcinoma, such as age, cachexia, etc. In all these cases, with only one exception, hydrochloric acid was absent, and in all lactic acid was found in abundance. The author does not attach too much importance to the absence of hydrochloric acid, but thinks it serves as a valuable aid in diagnosis. In a suspicious case we should not rest satisfied with one examination; several should be made before arriving at a decision. An instructive case is related in which all the symptoms of carcinoma obtained, but in which a chemical examination of the stomach contents showed the presence of hydrochloric acid. The patient was cured in four months under suitable treatment. For the differential diagnosis of ulcer of the stomach a chemical examination is not of so much value, for the gastric secretion may be quite normal in the presence of a small ulcer. In the third group, that of gastric dilatation, the chemical examination was negative. Here the deficiency lies in the motor apparatus, while the secretory functions may be quite normal. The diagnosis of the affection is not an easy one. The normal size of the stomach varies, within great limits, in different persons, and the size of the organ bears no proportion to the size of the individual. These statements were based on the measurement of the stomach in a great number of bodies in the post-mortem room. An illustration is given of a classical case that presented all the symptoms of dilatation, and in which at the autopsy was found a small contracted stomach with a cancerous growth at the pylorus. The treatment which the author recommends in these cases consists of a dry diet, with the allowance of as little fluid as possible, and the application of electricity. The latter, to be effectual, must be applied by passing one electrode within the stomach. The cases of chronic catarrh (*a*) are those in which the continuance of lactic acid extended beyond its normal stages, and the appearance of the hydrochloric acid was delayed. In the second group, that of chronic catarrh (*b*), the cause of the indigestion must be sought in the inefficiency of the motor apparatus, and perhaps in the absorption power of the stomach. The administration of hydrochloric acid in these cases, to be of any service, must be after meals, in greater quantities than it hitherto has been given. The author recommends three

fifteen-drop doses of the acid at intervals of fifteen minutes. Or the same quantity of the acid may be given in pill form, each containing three drops. Very little is said of neuropathic dyspepsia. Two forms are recognized in which the chemical changes present the same features as in the two catarrhal forms. An interesting case is reported in which the diagnosis of neuropathic dyspepsia had been made, but close examination showed the disturbance of digestion to be due to a movable kidney. The patient experienced marked improvement by rest in bed, and a more liberal diet than she had been previously given. In conclusion, the author holds up the following benefits from his investigations: 1. A deeper insight into the chemical changes of digestion, and in consequence of that, a more accurate basis for diagnosis and therapeutics of diseases of the stomach. 2. The possibility of watching the results of treatment and regulating it as may be found necessary.—*N. Y. Medical Journal*, March 27th, 1886.

TOBACCO AMBLYOPIA IN WOMEN.—Berry reports three cases of so-called tobacco amblyopia in women, in all of which there were the ordinary symptoms of the affection—central color scotoma, good peripheral vision, and diminution of the central visual acuity. One of these patients never touched any spirits, one denied all use of drink, and the third touched it rarely, and never to excess. Berry thinks that the free use of alcohol, except where it has led to the undermining of the constitution, thereby allowing the toxic effects of the tobacco to get the upper hand, more probably counteracts than abets the poisoning which gives rise to the amblyopia. All three patients were in the habit of smoking on an empty stomach, and this he has all but invariably found to be the case among men with this form of blindness. The ophthalmoscopic appearances in all three cases were confined to slight pallor of the temporal half of the disks, due probably to some actual neuritic change. It is evident, however, that this interstitial change is not the direct cause of the symptoms, for the patients get well when the tobacco is withheld; whereas the pallor very often, if not always, remains. Berry sums up his views as follows: 1. Alcohol has no direct influence in the causation of the amblyopia. 2. Smoking at a time when the counter-stimulus of food is absent more commonly tends to produce it than smoking at other times. 3. The outbreak is most likely to occur if the system is, for the time being, lowered by nervous exhaustion or imperfect nutrition. 4. The disease is essentially functional.—*N. Y. Medical Journal*, March 27th, 1886.

MANAGEMENT OF PLACENTA PRÆVIA.—McLean offers the following rules as being the best for guidance in dealing with placenta prævia: First. In any case, avoid the application of any chemical styptics, which only clog the vagina with inert coagula and do not prevent hæmorrhage. At the very first, the patient should be put in a state of absolute rest—body and mind—and a mild opiate is often desirable at this stage to quiet irritation. Second. Inasmuch as the dangers from hæmorrhage are greater than all else to mother and child, at the earliest moment preparations should be made to induce premature labor, and labor being once started, the case should be closely watched to its termination by the accoucheur. Third. In primiparæ, and mothers with rigid tissues, the *vagina* should be well distended by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation. Fourth. In the majority of cases generally, and in all cases especially, where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the *thorough, continuous* hydrostatic pressure of a Barnes's dilator than on pressure by the fetal parts. Fifth. Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot and leaving one thigh to occlude and dilate the os, may be practiced, according to the method of

Braxton Hicks, except in cases where the head presents well at the os, when, Sixth, the membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal. Seventh. In the majority of cases, podalic version is to be preferred to the application of forceps within the os. Eighth. In some cases, in the absence of sufficient assistance or the necessary instruments, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the voluntary efforts of the mother. In case of favorable presentation—occiput or breech—the tampon will not materially obstruct the descent of the child, and, in some cases, the tampon, placenta, and child will be expelled rapidly and safely without artificial assistance. Ninth. The dangers of septic infection by means of the tampon or India-rubber dilators are so slight, if properly used, as not to be considered as impairing their great value. Tenth. Whenever it is possible, dilatation and delivery ought to be *deliberately* accomplished, in order to avoid maternal lacerations. Finally, as cases of placenta prævia offer special dangers from post-partum hæmorrhages, septicæmia, etc., the greatest care must be exercised in every detail of operation and nursing, to avoid conveying septic material to the system of the mother. *Absolute cleanliness, rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.*—*Analectic*, March, 1886.

GLYCERINE AS A SURGICAL DRESSING.—On the hypothesis that excess of blood beyond what the nutritive process can utilize, interferes with normal repair, and that any portion of the blood, particularly the serum, in a wound or beneath the divided surface, can have the same effect, Dr. S. C. Gordon, of Portland, Me., has conceived of *surface drainage*, in addition to ordinary deep drainage by tubes, so as to prevent suppuration by carrying off all serous effusion. Recalling the well-known property of glycerin of draining and depleting tissues, as seen in gynecology, he applied it to surface drainage with, he says, the happiest results. After securing cleanliness in the operation wound, he first squeezes out pads of absorbent cotton in hot water, then in glycerine, and applies them directly to the wound, bandaging them firmly down. He reports cases of ligature of varicose veins, amputations of the hand and breast, and Tait's operation for removal of the uterine appendages, in all of which the results were unexceptionable, and seemed to fully demonstrate the value of the dressing.—*Annals of Surgery*, March, 1886.

THORACIC ANEURISM TREATED BY THE INTRODUCTION OF STEEL WIRE INTO THE SAC.—Dr. Cayley reported to the Royal Medical and Chirurgical Society the history of a case of thoracic aneurism treated by the introduction of steel wire into the sac. The patient was a man 48 years of age. He had been suffering from symptoms of thoracic aneurism for one year, but it was not till five days before his coming under observation that a pulsating tumor made its appearance at the root of the neck, rising about three inches into the neck behind the right sterno-clavicular articulation. Other treatment not availing much, Mr. Hulke introduced into the sac, through a fine canula, forty feet of steel wire. This caused no constitutional disturbance or local pain, and this portion of the aneurism became quickly consolidated. Two months later, the signs of extension of the intra-thoracic portion of the aneurism became manifest. Then Mr. Gould, in the absence of Mr. Hulke, introduced a canula just above the left sterno-clavicular articulation, and introduced 34 feet 9 inches of wire. No constitutional symptoms followed, but no relief was obtained, and the patient died in a paroxysm of dyspnea five days later. On post-mortem examination a large aneurism was found springing from the ascending part of the arch; the

whole of the upper portion was completely filled by clot, embedded in which was the wire. The size and connections of the sac rendered the second operation ineffectual.—*Lancet*, February 27th, 1886.

COLLODION IN SHEETS.—Berthault, a French pharmacist, prepares Collodion in sheets, of such extreme thinness that 100 sq. centimetres weigh only 29 centigrams. These sheets are perfectly transparent and impermeable. According to Mehn, who presented them to the Academy of Medicine, of Paris, they have numerous applications in the treatment of wounds, burns and skin diseases.—*Cronica Medico-Quirurgica de la Habana*. E. F.

MURIATE OF THEBAINE IN SOME AFFECTIONS OF THE OPTIC NERVE.—Dr. Bons says that Thebaine is an excellent myotic, similar to Eserine, but producing less spasm and myosis. One drop of a $\frac{1}{5}$ th solution produces its effect in half an hour, the effect passing off in four or five hours. He believes that Thebaine will prove very useful in the following cases: 1. In alcoholic and nicotinic amblyopia; 2. In detachments of the retina; 3. In incipient general paralysis with limitation of the visual field and atrophy of the optic nerve; 4. In the anemics and convalescents of grave diseases (typhoid, diabetes, malaria, etc.), with visual troubles; 5. In descending atrophy of the optic nerve; 6. In neuro-retinal affections of syphilitics, use being made at the same time of mercurial frictions, with Iodide of potassium internally.—*Journal of the Amer. Med. Assoc'n*, April 3d, 1886.

PHYSIOLOGICAL ACTION OF COLCHICINE.—*Colchicine*, active principle of Colchicum, is used in Germany for gout. This product has been, of late, the subject of much talk in Paris, due to the case of Ribout, the florist, who was accused of poisoning his wife with it. In this celebrated trial, the well-known authorities, Brouardel and Vulpian, acted as experts. They were associated with the chemist Schützemberger, who performed the autopsy, and made the chemical examination of Mrs. Ribout's viscera. They were unable to discover the presence of this substance, and declared that science had no proof to sustain the imputation of the crime, a *dictum* which brought about the discharge of the case. Since then, however, Colchicine has been studied by Laborde, and, in a report directed to the Biological Society, this distinguished physiologist says the following: "Colchicine, which, botanically, is so similar to *Veratrine*, differs from it notably in the modifications it causes in the curve of the muscular contractions. An increase of this contraction is obtained by both, but, while with *Veratrine* the trace, representing the contractions, has the shape of a nearly regular parabola, with *Colchicine* a clear plane is observed between the line of ascent and descent. Also, the line of descent is followed by a winding or sinuous one, which indicates the tetanic state assumed by the muscle. This curve, according to Laborde, is typical, and can serve in legal medicine to discover the smallest quantities of *Colchicine*.

"When acting upon the heart, the amplitude of these contractions is increased. In toxic doses on the contrary, the strength of the cardiac movements decreases, and soon after ceases. The modifications of the respiratory movements follow the same course as those of the heart. Respiration is arrested, as in the majority of poisons, before the heart ceases to beat. Its action on the temperature varies in herbivorous and carnivorous animals. In the rabbit, there is a rise of temperature; in the dog, on the contrary, the temperature falls, and the same happens in man."—*Cronica Medico-Quirurgica de la Habana*. E. F.

HÆMATEMESIS AND MELÆNA IN THE NEW-BORN.—At a meeting of the Clinical Society of London, held on the 9th of October last, Dr. Sawtelle made the report of the case of an infant, who, twenty hours after birth, had

vomiting of blood. A few hours later, it was found that the stools also contained blood. Notwithstanding the remedies used, the hæmatemesis and melæna persisted, altering the general state of the patient, and bringing about death, twenty hours after the hæmorrhage had commenced. The autopsy revealed small, round and deep ulcers in the posterior wall of the stomach near the cardiac orifice. West has observed but three cases of intestinal hæmorrhage in children, and of this one alone was in a new-born. According to this authority, the ulcers are due to obstruction in certain branches of the vena porta, followed by erosion of the mucosa caused by the gastric juice. Dr. Croker compares this variety of ulcer with the purpura of the new-born, which takes place a few hours after birth, and is thought to depend on the modification suffered by the circulation when the child commences to breathe.—*Cronica Médico-Quirúrgica de la Habana*.

E. F.

PILOCARPINE AND COCAINE.—According to late experiments, we learn that a mixture of 10 drops of *pilocarpine solution* (4 per cent.), and $\frac{1}{3}$ of Cocaine (4 per cent.) produces ocular anæsthesia, without altering accommodation or the diameters of the pupil.—*El Criterio Médico*.

E. F.

UNUNITED FRACTURE OF CLAVICLE WITH SYMPTOMS OF WRITER'S CRAMP.—Barker records a case of congenital ununited fracture of the clavicle causing pressure on the brachial plexus and symptoms of writers' cramp. Up to the age of nine years, the condition gave rise to no inconvenience, although there was free motion in the false joint which had formed. He then began to complain of pain down the right arm and a sense of weight in it. At the age of twelve years and two months, before coming under treatment, he noticed that his fingers became stiff and fixed over his pencil when writing. The fingers then tended to close and he could not get them straight without a good deal of rubbing. Rest in bed gave no relief. Mr. Barker resected the false joint and wired the cut surfaces together. The arm and shoulder were then incased in a plaster-of-Paris corset. This was removed in four weeks, when perfect union had resulted. The nervous affection simulating writer's cramp was also cured by the operation.—*The Lancet*, January 30th, 1886.

News, Etc.

NEW YORK STATE BOARD OF HEALTH.—Dr. W. E. Milbank, a homœopathist of Albany, has been appointed by the Governor a member of the State Board of Health, to fill the vacancy created by the death of Dr. J. Savage Delavan, also a homœopathist.

A NEW COLLEGE AND A NEW COLLEGE JOURNAL.—The *Minnesota Medical Monthly* is the title of a new journal which adopts "Similia" as its motto. It is published by Thos. Gardiner, 306 Nicollet Ave., Minneapolis, Minn., U. S., at one dollar per annum. As explaining the origin of the journal, we learn from its editorial pages that "At the third consecutive mass-meeting of the homœopathic physicians of Minneapolis, held in the Nicollet House Parlors, February 23d, 1886, the following resolution was adopted:

"Resolved, That a committee of five be appointed to prepare the articles of incorporation of a homœopathic college of medicine, select the incorporators, secure their signatures, proceed with all necessary work for the establishment of the journal, and do such other work as would naturally devolve upon the board of trustees until such board shall be legally formed, when such board shall become the successors of the committee."

"In pursuance of their instructions, the committee have issued this initial number of the *Minnesota Medical Monthly*."

There is nothing doubtful about the platform of the new journal. While it announces "a spirit of liberality towards all shades of progressive medical opinions," yet it emphatically declares that "the time has not yet come for homeopaths to throw off their 'sectarian name,' and lie down in peace with the dominant school. The world—medical and lay—must first openly and thoroughly acknowledge the truth of the law of Hahnemann. This is our excuse for existence, and we must fight it out on this line consistently and persistently."

THE OHIO STATE SOCIETY had a successful session at Toledo, May 11th and 12th. The papers read were, it is said, both interesting and instructive. President Beebe's address was a defence of modern medicine as against attacks by the "old" school. We have not learned the names of the officers elected for the ensuing year, but hope to publish the list next month.

THE A. M. A.—A private letter from St. Louis informs us that the number of physicians in attendance at the session of the American Medical Association was about one thousand, or a little below that figure, instead of the twenty-five hundred claimed by the St. Louis newspapers. "The absence of distinguished representative physicians was painfully conspicuous. None of the most familiar names from Boston, New York or Philadelphia appear on the lists. They seemed to realize very fully that a 'row' here meant a grand split and break-up; so they 'smiled and smiled and,' etc. The issue between the factions, however, will not down, but will bob up serenely some other day."

A HOMEOPATHIC PHYSICIAN WANTED.—At Port Norris, twenty miles from Bridgeton, N. J. Railroad connection with Philadelphia *via* West Jersey line. Port Norris is described as "a thriving town of nearly one thousand inhabitants, with two other towns, of eight hundred and five hundred respectively, in close proximity. No homeopathic physician within twenty miles."

THE WISCONSIN STATE SOCIETY will hold its twenty-second annual session at the Plankinton House, Milwaukee, June 24th and 25th, 1886. Judging from the titles of papers announced, the session is likely to be of an interesting nature. Dr. H. E. Boardman, of Monroe, is President and Dr. E. W. Beebe, of Milwaukee, Secretary.

PERSONAL ITEMS —Dr. J. H. Buffum, of Chicago, has removed his office to 100 State Street.

Dr. W. M. Stearns, of Chicago, to 100 State Street.

Dr. Wm. M. Van Baun, of Philadelphia, from 207 Catharine Street to 419 Pine Street.

Dr. Mary E. Grady, from Brooklyn, N. Y., to N. E. corner Eighteenth and Green Sts., Philadelphia, Pa., where she will assist Dr. Bushrod W. James in his eye and ear and general practice, and in literary work.

Drs. Frederick A. Payne and L. Houghton Kimball, of Boston, will sail June 3d for Europe, for a course of practical study of the eye in the hospitals of London and Paris.

Dr. J. P. Iliff has removed to 1333 Girard Avenue, Philadelphia.

Dr. Gustave E. Bonnet has located at 636 N. Eleventh St., Philadelphia.

Dr. Ballantyne at 4535 Paul Street, Frankford, Philadelphia.

Dr. O. E. Pratt has removed from Chicago to Ypsilanti, Michigan.

Dr. Gertrude Gooding from Bristol to Newport, R. I.

Professor C. M. Thomas will sail, June 5th, for a three months' trip among the hospitals and universities of England, France, Austria, and Germany. His principal object is rest. We wish him a prosperous journey.

THE NEW JERSEY STATE SOCIETY.—The Secretary of this Society, Dr. B. H. B. Sleght, 23 Chestnut Street, Newark, N. J., requests to be informed of the time and place of meeting of the State societies of adjacent and neighboring States, and the names of their delegates to his (New Jersey) State Society, which will meet at New Brunswick, October 13th, 1886.

OBITUARY.

DR. AUGUSTUS W. KOCH was born March 27th, 1805, in Würtemberg, Germany. After attending a classical institute from his sixth to his fourteenth year he entered a pharmacy. His studies during a service of four and a half years here enabled him to pass an examination in pharmacy, and to be duly qualified as a druggist's assistant. After some time spent in further study of the languages and natural sciences, he entered the University of Tübingen, in Würtemberg. After a four years' course of study here, he successfully passed both the University examination for the degree of M.D. and that required by the State for his license to practice medicine. In 1831 he began his practice as an allopathic physician in the small town of Ebingen. A couple of years later his attention was directed to homœopathy, and in 1834-35, becoming convinced of its truth from his own personal investigations, he began its practice.

In the year 1836, in pursuance of a call from some of the most influential homœopathic laymen of Stuttgart, the capital city of Würtemberg, he moved thither, and was soon in the enjoyment of a lucrative practice there, besides being instrumental in firmly establishing homœopathy in that city.

During his eleven years residence there he received from the South German Homœopathic Society their prize for his proving of *Calc. carb.* and *Calc. caust.*; was the first to introduce Iodine to the profession in the treatment of croup; and published (1846) a work on homœopathy, besides being a faithful contributor to the medical journals of the new school. He was made Honorary Member of the Homœopathic Institute of Paris shortly before leaving Europe.

In 1847 he came to this country and settled in Philadelphia, where he continued to practice with success to within two years of his death, which occurred on May 4th, 1886.

He was here a Senior Member of the American Institute of Homœopathy, and a member of both the State and County Homœopathic Medical Societies.

At the regular monthly meeting of the Homœopathic Medical Society of the County of Philadelphia, held on Thursday evening, May 13th, 1886, the following resolutions were unanimously adopted:

WHEREAS, Almighty God in His infinite wisdom has removed, by death, an honorary member of this Society, **AUGUSTUS W. KOCH, M.D.**, one of the pioneers of homœopathy, whose many provings of drugs have enriched our *Materia Medica*; therefore be it

Resolved, That we recognize his eminent labors in the early years of homœopathy, and hence deplore his loss.

Resolved, That we tender to the bereaved family our heartfelt sympathy.

Resolved, That this preamble and resolutions be spread on the minutes of the Society, and that the Secretary forward a copy of same to the family.

DANIEL KARSNER, M.D.,
CHARLES MOHR, M.D.,
G. W. SMITH, M.D.

Committee.

OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green Streets, Philadelphia.

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REMARKS ON THE ANACARDIACEÆ.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

(From an extemporaneous lecture, phonographically reported.)

TO-DAY I introduce to you for study, a group of plants known as the *Anacardiaceæ*. This is a very valuable order, from which we obtain several very useful medicines. First, the *Anacardium Orientale*, which is procured from the East. Second, the *Anacardium Occidentale*, the western *Anacardium* or cashew nut. Third, the *Comocladia dentata*, which is the *Rhus* common to the southern parts of the United States and Cuba. Upon the blossoms of this plant, bees feed in certain seasons of the year. Those who partake of the honey at such times, are liable to become affected with an eruption very much resembling that of erysipelas. This *Comocladia* is very similar to *Rhus tox*. Both remedies have pain with relief from motion; both may be called for in erysipelas; both cause scarlet redness of the body, with burning and itching; both produce weakness, numbness, restlessness, etc. The drugs differ in their eye symptoms. *Comocladia* has pains in the right eye with a sensation as if that organ was larger than normal or was being pushed out of the head. These eye symptoms are worse near a warm stove; while those of *Rhus* are relieved by this influence. *Apis* has eye symptoms aggravated from being near a warm stove. *Comocladia* resembles *Euphorbium officinale* in its skin symptoms even in the red stripes on the skin. Fourth, *Rhus toxicodendron* or the poison ivy, which I will consider at great length in my next lecture. Fifth, *Rhus glabra*, or the common sumach; it is not so poisonous a variety of the *rhus* as those already mentioned. It has cured *occipital*

headache, and also epistaxis proceeding from the left side. Sixth, *Rhus radicans*, which is regarded by many as identical with *Rhus tox*. Seventh, the *Rhus venenata*, an exceedingly poisonous variety. It has a large blossom of a dark reddish brown color. It is quite a tree, growing sometimes to the height of ten feet and very much resembling the *Ailanthus*.

This whole order of plants possesses a poisonous influence, poisoning the blood and developing an eruption on the skin which is at first vesicular and finally pustular and eczematous. They may also produce an erythema, ending in erysipelas. Despite the similarities thus far mentioned, there are great differences in their physiological action; in fact these differences may be so great that, in some points, they may hold an opposite relation to each other.

ANACARDIUM ORIENTALE.

ANACARDIUM.	{	Mind.	{ Lachesis, Nitric acid, Stramonium, Belladonna.
		Stomach and Bowels.	{ Nux vomica, Sulphur, Sepia, Lamium Album.
		Skin, Spine, Joints, Heart.	

|
∨
Antidotes *Rhus tox*.
|
∨
Is antidoted by *Juglans*.

Anacardium exerts a very depressing influence on the system, not only as to the mind, but as to the body as well. It produces a weakness of memory. This symptom we often meet with, as the result of acute diseases; for example, the acute exanthemata such as small-pox. The eruption of Anacardium is analogous to that of variola. Taking these two symptoms, loss of memory and eruption simulating that of variola, we find an excellent reason for prescribing this remedy when loss of memory appears as one of the sequela of that disease. Anacardium may also be useful when this disturbance of memory occurs in old people or as the result of softening of the brain.

In addition to this effect on the intellect, we find the emotional mind very much disturbed. The Anacardium patient imagines that he hears voices afar off talking to him. Here it is something like *Stramonium*. He has a sensation as

though he had two wills—one commanding him to do what the other forbids. This is not an uncommon symptom in typhoid fever, in which disease, plants which poison the blood, as do those under consideration, may be exceedingly useful. This feeling, as if the patient had two wills, is also found under other remedies. You will find it, for example, under *Lachesis*, which, you will remember, has, “the patient thinks that he is under the control of some superhuman power.” A similar symptom is also found under *Belladonna*.

Another mental condition characterizing *Anacardium*, is a propensity to swear. Now, do not suppose that I recommend *Anacardium* for the cure of profanity, when it exists as a result of low morals; far from it. When, however, the propensity to swear comes as a result of mental disease, *Anacardium* may do noble work. I once treated a minister who exhibited a remarkable *penchant* for profanity. Try as hard as he would, he could not help it. This trouble did not affect him until he suffered from a peculiar headache, characterized by a sensation as if a plug were in the head. *Anacardium* made a complete cure in his case.

Another remedy, producing a disposition to swear, is *Nitric acid*; but I have never seen it do any good in these cases, excepting after the abuse of *Mercury*.

Again the *Anacardium* patient may imagine that she has a devil in her. She has fixed ideas that that her body and mind are separate. She imagines that her child is not her own. I also wish to call your attention to a symptom of the drug, on the authority of Dr. Talcott, of Middletown, New York, namely, inclination to commit suicide by shooting, a symptom which you will also find under *Antimonium crudum*.

We also find *Anacardium* a remedy for the bad effects of over-use of the mind, for mental fatigue in other words. Mental exertion brings on a tearing headache, the pains being situated mostly in the forehead and back part of the head. In other cases, the headache may assume a different phase, in which the patient complains of a sensation as though a plug were in some part of the head, or of a constrictive sensation, as though a band were tied about the head. These headaches of *Anacardium* are associated with great mental irritability which is not, however, always so great as to lead the patient to indulge in profanity.

We have also *hypochondriasis* developed by *Anacardium*. The patient is apt to be clumsy and silly in his behavior, and

very much depressed. These symptoms of the mind frequently owe their origin to gastric symptoms.

The gastric symptoms of *Anacardium* are these, and they are very characteristic: You will note that the patient is hungry much of the time; he feels better while eating, but worse after eating. He is apt to have constipation; there is frequent urging to stool, but, when an attempt to move the bowels is made, the desire for stool passes away. The rectum seems powerless. He complains of a sensation, as of a plug or of some foreign substance in the rectum. This symptom is not the mechanical result of the retained feces. Here you notice again the sensation as of a plug or some foreign substance interfering with the normal function of the organ. Now these symptoms that I have mentioned, are more common than we think. When they do occur, we are more apt to think of *Nux*, *Ignatia*, and *Sulphur*, and forget *Anacardium*.

Especially does *Anacardium* resemble *Nux* in the morning nausea of pregnancy. Like *Nux*, the former may be useful for this complaint, but the patient is relieved while eating, but the symptoms return soon after. There is also a resemblance in the mental symptoms of the two drugs. Wherein do they differ? There is an essential difference in the pathologies of the cases calling for these remedies. While you will note that *Anacardium* has urging to stool, it also has in addition a powerlessness or inefficiency of the rectum, thus exhibiting a parietic state which does not belong to *Nux vomica*, the last-named drug being suited to irregular peristaltic action of the bowels. Then, too, that sensation as of a plug in the rectum, is not found under *Nux vomica*.

Sepia is similar to *Anacardium*. This remedy has urging as if some foreign substance were in the rectum, a constant, full feeling in the rectum, even after stool. In addition to that, it has inactivity of the rectum, so that even a soft stool is expelled with difficulty. It is true that these symptoms of *Sepia* almost always require the presence of some uterine disease to make it the remedy.

Do not forget the distinction I have given you between *Anacardium* and *Nux*; I admonish you again, because I know we often give *Nux* when we should have given *Anacardium*.

A French physician has recommended *Anacardium* as an invaluable remedy in internal hæmorrhoids. He administers the drug in the thirtieth potency, several times daily, for several weeks. He claims to have made many cures. I have not been able to confirm his experience.

The same physician uses *Lamium album* for external piles.

Let us now study the action of *Anacardium* on the skin. We find it useful when the face is swollen, particularly on the left side, and covered with small blisters which have a pock-like appearance. These blisters are umbilicated. They may also occur on other parts of the body. They discharge a yellowish serum which hardens into crusts in the open air. The itching is extreme; so great, indeed, as to almost compel the patient to dig the nails into the skin. These cutaneous symptoms are often accompanied by some of these gastric symptoms just mentioned.

The *Anacardium occidentale*, or cashew nut, causes a vesicular eruption on the face usually, but on other parts of the body also, and itching almost intolerably, as you might expect; and with the formation of umbilicated pustules, as in small-pox. It produces an erysipelatous eruption of the face, and this spreads from the left to the right. Now, this is in the proving. You remember that I said in my lectures on Institutes, when in a proving, the symptoms move in one direction, that the remedy producing the symptoms ought to cure a disease going in the opposite direction. For instance, in the proving of *Rhus*, the erysipelatous inflammation goes from right to left, hence it cures erysipelas going from left to right. As this *Anacardium* has symptoms like *Rhus*, but moving in an opposite direction, it may act as an antidote to *Rhus tox*.

We will now speak of the action of *Anacardium orientale* on the heart. *Anacardium* is indicated in palpitation of the heart, especially in the aged, when it complicates such slight difficulties as an ordinary coryza. This palpitation is often associated with defective memory.

We also find it indicated in rheumatic affections of the pericardium, in rheumatic pericarditis characterized by sharp stitches through the cardiac region, these stitches being double, that is to say, first one stitch comes and this is quickly followed by another, and then there is a long interval.

Next we will say a few words about the action of *Anacardium* on the spine, back, and limbs. *Anacardium* may be selected in diseases of the spinal cord. The symptoms which indicate it here are, sensation as though a band were tied around the body, a feeling as though a plug were stuck in the spine, so that any motion of the body gives rise to a pain as if the plug were sticking still further into the body. The knees, particularly, seem to feel weak in these spinal affections. They

feel as if paralyzed. The patient is scarcely able to walk, and in addition has a feeling as though the knees were bandaged tightly.

Looking into Boenninghausen's works, you will find that *Anacardium* has an action on the knee-joint. You will find, too, that *Pulsatilla* acts on the same locality. The swelling of *Anacardium* is of a chronic character, and is attended with a sensation as of subcutaneous ulceration.

Anacardium, you should remember, will not be antidoted by *Rhus tox.*, although, under some circumstances, it is an antidote to this remedy. But it is antidoted by the *Juglans*; also by strong coffee without sugar or milk.

Next, we come to the different varieties of the *Rhus*. *Rhus toxicodendron*, as I have already intimated, will be considered in full in my next lecture. I will now say a few words concerning *Rhus radicans*, and the antidotal treatment of *Rhus* poisoning. *Rhus radicans* is highly recommended for occipital headache associated with rheumatic stiffness at the nape of the neck.

Many antidotes to *Rhus* poisoning have been suggested. One of the best is *Croton tiglium*. This, when applied locally, and also when taken internally, produces an eruption almost identical with that of *Rhus tox.* First, an erythema, with decided inflammation and pitting on pressure appears. Small vesicles form, very close together, attended by almost unbearable itching, burning, and stinging. The vesicles fill with a yellowish serum, and finally break and form more or less thick crusts.

Ammonium carb. has also been suggested. It may be used both internally and locally. It produces a fine red eruption, with great burning and itching, and worse at night.

Western physicians have of late been using *Grindelia robusta*. It is not much used here.

Arsenicum is to be thought of when the eruption is attended by fiery, burning pains in the skin, and great restlessness.

Chronic *Rhus* poisoning finds its remedy in *Graphites*.

This *Grindelia robusta*, to which I have referred so briefly, is a wonderful remedy by reason of its action on the pneumogastric nerves. It seems to produce a paresis of those nerves, so that when the patient drops off to sleep he stops breathing, and, of course, is aroused by the desire for oxygen. You see that it is allied here to *Lachesis* and *Gelsemium*.

A CASE OF PHLEGMONOUS ERYSIPELAS.

BY Z. T. MILLER, M.D., PITTSBURGH, PA.

L. I.; FEMALE; age, 34. Has been from childhood afflicted with bronchorrhœa. Her chest was contracted and her dorsal spine described a segment of a circle. The expectoration was *very profuse* and was composed of clear mucus mixed with pus and occasional streaks of blood. Her usual position in bed and while asleep is the genu-pectoral. She has menstruated regularly for the past ten years, but has never borne children, probably because the cough prevented the continuance of pregnancy. On one occasion I used the vaginal speculum with difficulty on account of the cough, which thrust the instrument from its position as if shot from a cannon. These features will explain the miscarriage which took place on *November 14th*. (Observe the date.) The "accident" did not differ from others of a similar nature, Sabina controlling the hemorrhage, which was, however, very slight. The embryo was probably one of three weeks. On November 21st, she complained bitterly of a pain in the anterior tibial region of the right leg; there was no swelling, but extreme tenderness to touch. "Could not stand the pain," and was very uncivil generally; temp. $101\frac{1}{2}^{\circ}$. Neuralgia; sciatica. *Rx.* Cham. Evening brought no relief, so I changed the remedy to Aconite and directed the use of mustard poultice to the part. I confess right here, that *that* very unhomeopathic recommendation is regretted to this day.

November 22d. The *pain* is still *very severe*, the affected parts are *much swollen, shining-red* and *tense*; there are several *purple spots* in the integument and a number of large bullæ, and she *cried if any one approached the part*. I felt that the mustard plaster had paved the way for superficial sloughs, which sloughs materialized farther on. *Rx.* *Arnica*³.

November 23d. The swelling is extending toward the thigh; less pain except when touched or moved. Swelling has assumed a purplish shining appearance. Temperature, $102\frac{1}{4}^{\circ}$; pulse rapid.

November 24th. Temperature, 100° . There is much less pain; the swelling has decreased somewhat. *Rx.* *Arnica*³.

November 25th. *Temperature normal*, pulse rapid, and the swelling the same; large bullæ on dorsum of foot filled with a yellow lymph have formed. A doughy, dusky-red swelling made its appearance on the *left elbow*, there is pain in the *back, restlessness, anguish, and thirst*. *Rx.* *Ars.*²⁰⁰

On the following day the symptoms were generally better,

but she talked incessantly, jumping from subject to subject. *Lach.*²⁰⁰

November 27th. Temperature, $102\frac{1}{4}^{\circ}$. She slept some; her appetite is better; the leg is quite purplish. I removed the loose cuticle and found the deeper structures quite gangrenous; there was no mattering but great burning in the foot. *R̄. Ars.*⁶

November 28th. The leg is not so swollen. Temperature, $100\frac{1}{2}^{\circ}$; pulse, 120. Where the cuticle had been removed from the dorsum of the foot the derm or cutis has dried up and become more like brown leather than flesh; the sub-cutaneous cellular tissue has undergone suppurative disintegration until the leathery patches can be lifted up and removed, leaving exposed and bare the short saphenous vein whose branches subtended the ulcerating cavities. The leg remains purple and doughy, but not very painful; the cough is uninterrupted in violence, with free expectoration.

December 8th. The swelling on the elbow shows signs of softening. On the 11th, I lanced it, evacuating much thick yellow pus. The slough on the foot extended backward, involving the external malleolus, making the area of slough on the foot about 5 by $2\frac{1}{2}$ inches. There poured from this opening a continuous stream of lemon-yellow pus. The edges of the ulcer were raised, overhanging and white: the probe could be inserted beneath the skin in all directions without causing pain.

December 12th. There is an intense pain in the ankle and knee; the derm of the heel is of a dark purple color and very painful; the ulcers on the foot discharge less; the inflammatory product in the subcutaneous tissue of the much swollen leg and thigh shows a disposition to break down. *R̄. Silic.*³⁰ On December 13th I lanced a small pocket on the outer side of the heel. Ulcers on the foot spreading; pulse thready and the bowels inclined to be loose.

About this time a fluctuating spot appeared on the middle third of the outer surface of the leg, but the exploring needle brought dark fluid blood only. On the 16th, for a profuse debilitating sweat, I gave China.³ The ulcers on the foot looked cleaner but were extending deeper. I placed the foot in hot water to cleanse the ulcers. The exposed veins were mere threads stretched across the chasms. Their tenacity, while the tissues above and below them had long since been destroyed, was a display of nature's conservativeness. The swelling of the leg was gradually decreasing. I covered the ulcers with Iodoform

but was compelled to discontinue its use on account of the nausea and loss of appetite, its odor produced. On December 20th I opened two abscesses on the anterior tibial surface, which discharged freely. From the points of opening, the probe could be thrust beneath the skin for inches in all directions, showing a complete subcutaneous excavation. A severe chill, with all the symptoms of hectic with *great thirst during the succeeding sweat* led me to give Stram.³⁰ and look for another abscess, which was found at the posterior middle third of the thigh, not ripe enough to open. On December 24th, I opened this pocket, cutting quite deeply to reach it. The chills continued; temperature, 103°. On the 26th, I opened another pocket on the outer posterior aspect of the thigh. Now we had two more discharging points in addition to those on the shin and foot, making the puriform discharge incredible in amount. R. Merc. sol.³

December 29th.—The general swelling of the leg decreasing; the ulcers on the foot and tibia look better; abscesses are not discharging, but there is much pain in the foot and heel. She coughs, and expectorates much yellow phlegm. Temp. 99°; pulse 130.

December 31st.—I reopened the abscess on the thigh, making a very free incision; the discharge was *enormous, dirty, and offensive*. R. Silic.³⁰

January 1st, 1885.—Was the patient's worst day. At 5 P.M. I found her temperature 102½°; pulse 150; so hoarse she could not speak aloud, *no cough*, chest full to the top of all kind of rales, head hanging to one side, respiration 35. So weak could not move, profuse sweat, hectic flush. It was my opinion, and the opinion of others, that she would die before morning. R. Phos.²⁰⁰

January 2d.—I found that I had made a mistake fatal to my prognostic acumen. She *was not* dead, and furthermore, said she "was not going to die." The abscess at the thigh discharged a pint of dirty pus during the night; the whole leg had become more swollen and purple; all the "fatal" (?) symptoms had modified materially. R. Phos.²⁰⁰

January 3d.—I thought to cleanse the subcutaneous caverns by injections; to this end I attached a flexible catheter to a Davidson syringe and injected a weak solution of Platt's chlorides at a point on the tibial surface; the fluid passed up under the popliteal space and came out of the opening at the middle of the thigh; it also descended and ran out of the several openings on the tibia and dorsum of the foot. This injection

caused her the most intense suffering; the burning, she said, was killing her; and, indeed, I thought by the appearance of her face, and her spasmodic twitching, that she would collapse. I did not do it again—not with Platt's chlorides. The course of the fluid at that injection will convey some idea of the extent of subcutaneous undermining that had taken place.

January 5th.—I injected again at the same points; but used *Calendula* instead of Platt's chlorides with much happier result—scarcely any pain followed. This day was the first (fifty-second from the beginning) that there appeared any disposition to heal; the ulcers on the foot showed signs of cicatrizing at their edges. It must be borne in mind that pus was being discharged at eight points on the limb.

At this time the integument in the popliteal space turned a deep purple, having the appearance of dry gangrene with hypersensitiveness.

On the 10th of January, the leg began to swell, and became very hot. Discharges stopped; pulse 140; temperature $101\frac{1}{4}^{\circ}$; all preceded by a chilly feeling.

January 13th.—The cough was less severe. The knee had become very painful and swollen. A small fluctuating tumor appeared just above the knee, which proved to be bursal fluid.

From January 13th on, her greatest distress was pain in the knee and heel. The subcutaneous cellular sloughing continued, and discharged through the various openings. The foot would swell up occasionally and decrease in size without any apparent cause. The cough remained severe, and judging by its character and concomitant symptoms, I believed that an abscess had developed in the lower portion of the right lung, and was being discharged through the right bronchial tube.

January 28th.—The leg is decreasing in size, and has a more natural color. the temperature remains up; hectic present. Menses have not appeared.

January 30th.—Temperature 103° ; pulse 126. Foot is healing rapidly; ulcers look well. Skin is scaly, the face yellow; expectoration of yellow, watery phlegm. There is a profuse crop of "fever blisters" on the lips (a good omen) *R. Nat. mur.*³⁰

February 12th.—She had a severe chill at 8 A.M., with thirst during chill and fever; little sweat; foot is much swollen and very purple. *R. Eup. p.*³

February 14th.—The knee is excruciatingly painful; the cicatrizing ulcers on the foot look blue; scabs are piling

up over the openings on the tibia, from which the discharges have greatly diminished. The slough below the knee has destroyed the tissues covering the bone leaving it quite exposed.

February 20th.—Temperature $99\frac{1}{2}^{\circ}$; pulse 120. The limbs are much better; appetite good—in fact it had always been good—and she sleeps well.

February 24th.—Temperature, 103° . I faradized the knee, which was followed by considerable pain.

To March 9th, the improvement was gradual as regards the limb, but the cough and high temperature continued. Not until this time did the knee become less painful; face was very yellow, heart's action weak and irregular. *R. Nitr. ac.*³⁰

March 21st.—Temperature $101\frac{1}{2}^{\circ}$; pulse 110. I faradized leg again; there was complete insensibility to a strong current. I now placed her on *Kali. s.⁶*, on which she continued for ten days.

On April 4th the patient got out of bed for the first. Pulse 100; temperature $99\frac{1}{2}^{\circ}$. While the leg was hanging down it, became very purple owing to the destruction of many superficial venous canals; the new vessels in and about the cicatrices were so weak that they burst and filled the scars with extravasated venous blood. I feared a reopening of the ulcers, but resorption took place in a phenomenally short time. She had been troubled for some days with a despondency and restlessness, beginning every evening at 7 o'clock. *Rhus* and *Pulsatilla* were given, but the anguish disappeared too slowly to be credited to either.

From this time on, she received but little or no medicine; the temperature gradually became normal, as did also the pulse; the circulation through the foot was slowly re-established; the knee gradually regained strength and motion. There was a contraction of the hamstrings which prevents straightening of the leg; the ankle had motion. Menses returned on April 10th. Her cough was much better.

It is now a year since the woman recovered. She is yet a cripple, unable to put her foot to the floor on account of the contractions referred to. Her general health is quite good; she expects to go to Philadelphia this summer. She still has bronchorrhœa. By way of closing, I would say that *Erichsen's Surgery* contains the most comprehensive and comprehensible account of this trouble; you need look no further. In reviewing the treatment, I find fault with myself for not

sticking to Silicia throughout, for having blistered in the beginning, and poulticing too much; the "*fatal error*" was the *blister*.

KALI BICHROMICUM IN DISEASES OF THE EAR, NOSE, AND THROAT.

BY E. FORNIAS, M.D., PHILADELPHIA.

AURAL SYMPTOMS.

ABNORMAL SOUNDS.—Fluttering and ringing in the ears. (Heinigke.)

SENSATIONS.—Itching deep in ear, with stinging pains. (Lilienthal.)

PAINS.—Violent stitches in the left ear, extending into the roof of the mouth, side of the head and neck. (Cowperthwait.) Sharp, stitching pains dart from the ear to the throat. (Lilienthal.) Stitches in left ear, and left parotid gland (with headache). (Hering.) Pulsating pains in the ears, at night; also stinging. (Hering.)

EXTERNAL PARTS.—Meatus swollen and inflamed; stitches in left parotid gland; glands swollen; neck painful to touch (*Hepar.*). Itching of the right ear-lobe, waking him. (Hering.)

INTERNAL PARTS.—Ulcers upon the tympanum, which are dry but not painful, were it not for the sharp stitches. (Lilienthal.)

DISCHARGE.—Thick, yellow, foetid pus from both ears. After scarlatina. (*Lyc.*, *Merc.*)

NASOPHARYNGEAL SYMPTOMS.

SMELL.—Loss of smell (*Ipec.*, *Sep.*). Foetid smell before nose (*Calc. ost.*, *Puls.*).

NOSE—PAINS AND SENSATIONS.—*Pressive pain at the root* of the nose (*Acon.*). Pinching pain across bridge, with stuffed nostrils, especially at junction of cartilage and bone, better by hard pressure. (Lilienthal.) Stitches in right side of the nose, as though two loose bones were rubbed against each other, on blowing it. Sense of a lump in nose; stoppage, *great dryness* (*Graph.*, *Nit. ac.*), with a feeling of pressure in nasal bones; the air passes with ease through nose; sensation as if the nostrils were made of parchment; the exposed air feels hot in the nose; tickling as from a hair, high up in the left nostril or back part of tongue; sensation as if the nose were

swollen and stiff; must blow out a thick substance, but no discharge comes from the nose (see *Sticta*); feels as if a heavy weight were hanging from it; spot in the right lachrymal bone is swollen and throbbing; obstruction in the morning and bleeding from right nostril (*Calc.*); sneezing in the morning, on going into the open air; small ulcers on the edge of the right nostril (*Coral.*), violent burning when touched; ulceration of the anterior nares (with ropy mucous discharges). *Caries*; *ulceration and scabs on the septum narium* (*Aur.*), with tætor, which make nose exceedingly sore. Ulceration of the frontal sinuses (with headache); ulcers looking as if excavated by a punch; purulent inflammation of the whole nasal mucosa (*Graph.*, *Merc.*, *Nit. ac.*, *Sil.*).

DISCHARGES.—Coryza fluent and acrid, excoriating the nose and upper lip (*Ars.*, *Arum.*, *Merc. c.*, *Nit. ac.*), which make nostrils very sensitive as if ulcerated. Ropy, tough discharge, so tenacious that it can be drawn in strings; yellowish or bluish in color, which often drops from posterior nares, offensive or not; the ropy mucus seems to die out during the night, and in the morning is blown out as hard elastic plugs (*Sep.*, *Alum.*, *Sil.*, *Thuja*). Discharge of tough, green masses (*Sep.*, *Puls.*); of thick, dark-red blood. Sensation of an acrid or acid fluid running from posterior nares over the palate, causing cough. (Farrington.) Internal ulceration, with thin, watery discharge or collection of elastic plugs, which cause great pain in removal, and leave nose very sore; watery discharge; with redness of nose and putrid smell.

FAUCES AND PHARYNX.—Smooth or follicular inflammatory redness of the pharynx and fauces. *Increased redness of the sound places of mucous membranes of the mouth and fauces*, with increased sensitiveness. (Hirsch.) Enlarged tonsils, causing dullness of hearing. Uvula and tonsils red, swollen, painful, and finally ulcerated (*Apis*, *Bell.*, *Lach.*, *Merc.*), surrounding tissue dark, livid, and œdematous. Sensation of a hair in the fauces (*Silica*). *Uvula œdematous*, relaxed, with sensation of a plug in the throat, not relieved by swallowing (*Lach.*). Burning of the mucous membrane of the fauces, extending up into the nostrils, or in the pharynx down to the stomach (see *Gels.*). Solids cause pain when swallowed and leave a sensation as of something remaining there. Posterior wall of the pharynx is dark, glossy, puffed, showing ramifications of pale-red vessels (*Puls.*), or cracked and bleeding. Ulceration of the fauces, also of the pharynx, discharging cheesy lumps, of an offensive odor. Aphthous ulcers, eating

deeply, looking as if excavated by a punch. Ulcers tend to perforate; ashy surface or sloughing with livid surroundings. Fauces and palate erythematous, bright, or dark-red or coppery-color. Sharp, shooting pains in the left tonsil, extending towards the ear, relieved by swallowing. Throat-pains worse on protruding the tongue. Uneasiness and pain in swallowing. Tough, viscid saliva. Tongue coated as with a thick, yellow-brown felt, edges red and ulcerated. Bad breath. *Great accumulation of ropy tenacious mucus (Hydrast.), hawked up in the morning.* This ropy mucus sometimes extends from nose to the throat, causing choking. Loud mucous rales. Expectoration frequently streaked with blood, Tendency to hoarseness and tickling cough. Suppressed voice. *Throat purple, with numerous isolated patches* of greenish-yellow exudation all over the fauces; putrid odor from mouth, smelling like decayed meat. *This ropy and tenacious exudation may become so hyperfibrinous, so organizable, as to develop pseudo-membranous deposits* on the fauces, tonsils, soft palate, and pharynx, spreading up into nostrils, but especially into larynx, down even to the bronchi. It is firm in texture, pearly in appearance, and difficult to detach. Casts of these elastic and fibrinous exudations are often coughed up.

ACCOMPANIMENTS.—*With the earache.*—Swollen glands, especially parotid. Neck painful to touch (*Hep.*); headache, semilateral, in small spots; or frontal, usually over one eye; shooting at intervals in right temple. Bones of the head feel sore; flying pains about the head. *With nose-bleed:* Irregular, small, contracted pulse. *With nose-discharges:* Fœtid smell, or complete loss of it. *With ulceration:* especially of septum and frontal sinuses; if discharge stops, violent headache at the root of nose and in frontal prominences. *With catarrhs:* periosteal or rheumatic pains of a chronic character; bruised feeling in bones; aching in both shoulders and legs; yellow, slimy-coated tongue, with more or less stomach disorder; bitter taste tending to nausea, sour eructations and heartburn; eyes watery, worse in the wind; soreness in the eyes in the morning; hoarseness; shrill, croupy cough. Violent shooting pains from root of nose along left orbital arch to external angle of the eye, with dim sight, like a scale on the eye; begins in the morning, increases till noon, and ceases towards evening. *With diphtheritic troubles:* A tendency of diphtheritic deposits upon remote mucous membranes (?) shrill, croupy cough, occasionally whistling and wheezing; weakness; cachetic look; swollen glands, cervical and parotid; vomiting; constipation; head-

ache; backache; pain in the limbs and bruised feeling in bones. *Respiratory symptoms:* Suppressed voice; rough, hoarse sound of voice, with difficulty of breathing as though the lungs were stuffed with cotton. Oppression at the bifurcation of the bronchi; wheezing and panting, then violent cough with retching (*Dros.*), and difficult expectoration of viscid mucus. Slight dyspnoea, as if the mucous membrane of the bronchi were thickened; on rising in the morning. Tickling in the top of the larynx on lying down at night, causing considerable coughing. Violent cough, proceeding as if from a small spot in the epigastrium, painful to touch. Breathing performed only by the abdominal muscles, and those of the neck and shoulders. (Lilienthal.)

AGGRAVATION.—In the morning, on walking, when undressing; from cold; from eating, during summer (winter, *Rhus*); from motion (pains); in open air (coryza, with pressure at root of nose).

AMELIORATION.—From heat; towards evening; from drinking tea; after getting warm in bed (cough).

STAGES AND STATES.—Adapted to fat, chubby children; fat, light-haired individuals, ill-humored, indifferent, low spirited, languid, disinclined to mental or physical work. Periodical complaints. When symptoms alternate. When gastric symptoms supersede rheumatic. Wandering pains, which fly rapidly from one place to another (*Puls.*, *Apoc. androsea*). Symptoms appear and disappear suddenly (*Bell.*). Scrofulous and syphilitic affections. Bad effects from over-indulgence in beer and malt liquors. Plastic exudation; ropy, stringy mucus from nose, mouth, throat, stomach, vagina, etc. Catarrhs which prominently affect throat and stomach at the same time. It is better suited to chronic than to acute affections of the air-passages.

THERAPEUTIC APPLICATION.—The peculiar property of this drug to produce ropy, stringy mucus, has led to its use in catarrhs of the nose, throat, larynx, bronchi, stomach, intestines, and vagina. The testimony in its favor from all quarters is highly laudatory.

This tenacious exudation may become so organizable as to develop *pseudo-membranous deposits*, and this has led also to its use in croupous and diphtheritic affections with great success.

In catarrhal troubles, its range of application and usefulness is wide and well known. But in regard to diphtheria, I venture to say that as the debility which follows the profound structural changes is not very marked in this drug, I do not

believe *adynamia* to be one of its leading features, as is the case with *Apis* and *Lachesis*. The *pseudo-membranous* exudation is due to its action upon the mucous follicles, the functions of which become altered. Consequently, I hold it better suited to cases (other symptoms agreeing) in which there is an excessive membranous formation, and not when *asthenia* is the prominent symptom. I believe that *Kali bich.* has often failed because many cases to which it has been applied were too asthenic for it.

Of course all diphtheritic membranes are more or less tough, plastic and adherent, and these peculiarities alone are not sufficient indications for a drug.

As far as I know, the membranous exudation, produced by *Kali bich.*, when it reaches the highest degree of organization at least, is firmly adherent, and difficult to detach. So I have been surprised to see Professor Norton, of New York, in his work on *Ophthalmic Therapeutics*, page 17, describing this membrane as loosely attached, easily rolled up, and separated in shreds or string. Were this true in every instance, I would have additional cause to account for my success with this drug in herpetic tonsillitis with membranous exudation, as in such cases I have always found it somewhat loose.*

The tendency which this membranous exudation shows to extend into the nostrils, adapts the remedy to *nasopharyngeal diphtheria*. As said above, *Kali bich.* has done me a good service in those cases occasionally called *diphtheritic sore-throat*, or *herpetic tonsillitis*, and which the ignorant and designing report as true diphtheria. The following is an illustration. L. S., aged 9 years, was taken ill with these symptoms: Marked chill, high fever, rapid pulse, anxiety, nausea and vomiting, headache, backache, pain in limbs, intense soreness in the throat, and difficult deglutition, for which she received *Aconite*. This drug readily controlled the fever and mitigated the pains. On examination, the next morning, I found the pharynx, especially the posterior wall, red and tumefied; uvula enlarged, red and cedematous; tonsils, especially the left, swollen, very red and dotted with small, whitish spots, slightly prominent; the base of the tongue was sparingly covered with a yellowish coating. There were, also, bad breath, pallor and some amount of debility with engorgement of the glands at the angle of the jaw. Touching these whitish spots with a

* Or is it, perhaps, that the membranous formation of *Kali bich.* assumes another character when the conjunctiva is the site of the trouble?

probe, I found them to be firmly attached as if submucous. At that time, I became alarmed, and took for a true diphtheritic exudation what was nothing else but the crypts of the tonsils distended with a clear or cheesy material. She received then *Merc. jod. rub.*, without any benefit. My alarm grew greater, when, on my second examination the next day, I noticed that the dots on right side were more developed and increased in size, while on the left they had coalesced, forming an irregular white patch; the fauces were covered with great deal of viscid mucus. This time, *Kali bich.* was given, and the result was wonderful. In a week, she was well enough to get up from bed, and made a quick recovery. The effect of this remedy on the tonsillar patches was noticeable from the start, and on the fifth day they had entirely vanished. This case was undoubtedly associated with membranous exudation, because the second time I touched the tonsils with a probe, I was able to remove some of the exuded material lying on the surface, while there remained still the submucous, cheesy deposits.

Professor Pepper, of Philadelphia, asserts that this type of tonsillitis is very difficult to distinguish from diphtheria, but that there is, however, a great difference, although it is impossible to always draw a line between the two; that, in certain individuals, an attack apparently of this simple catarrhal character, unassociated with any septic influence, will be attended by a true membranous exudation, rendering it impossible by mere observation to distinguish the condition from true *diphtheritic sore-throat*; that there is in such cases a tendency to the absorption of some irritating matter, as is shown by the enlargement of the lymphatic glands, by the excessive prostration, and the marked constitutional disturbance which attends it; and, finally, that in certain individuals the liability to the absorption of infectious matter is apparently so great, that, from catarrhal inflammation of high degree, associated with membranous exudation, there is produced secondary poisoning of the system, thus giving rise to true *diphtheria*. Of course, the *diagnosis is easy enough* in uncomplicated cases when on examination we find these white deposits on the tonsils to be clearly submucous.

No less satisfactory has been the result I have obtained with *Kali bich.* in several cases of *tonsillitis* with erythematous inflammation of the mucosa of the uvula and pharynx, especially when a foul yellowish tongue indicated an involvement of the digestive tract and the fauces were covered with the characteristic ropy mucus. In such cases, the tonsils are

usually enlarged, and dark-red in color; the pharynx red and swollen, and the uvula red, elongated, and œdematous. All indicative of the remedy.

Very important is also the action which this remedy exerts upon the *cartilaginous tissue*, especially of the *nasal septum*. The glutinous mucus degenerates into pus, and *ulceration* and *caries* announce the commencement of the destructive process. This affinity for the septum narium, and consequent destruction, has suggested its use in *syphilitic ozoena*, where it shares honors with *Aurum* and *Mercury*.

The application of *Kali bich.* to *gastric pharyngitis* should not be forgotten. The symptoms usually present in this affection clearly point out this drug. Dryness, fulness, and frequently rawness of the throat. Slight cough and exudation of a tough, tenacious mucus of a whitish or yellowish color, which requires prolonged hawking to be expelled. The mucous membrane is dry, red or reddish-gray, and covered with long strings of ropy mucus. The vessels are injected and the follicles more or less involved. In neglected cases we find abrasions or even ulceration, especially below the level of the tongue. Sour risings after meals, or the eructations of gas, which is mainly composed of carbonic acid, and due to a disordered stomach, are constant sources of irritation.

LITERATURE.

OTORRHŒA AND OTALGIA.—Discharge of thick, yellow, foetid pus; itching deep in ears, with stinging pains; sharp stitching pains dart from the ear to the throat; ulcers upon tympanum, which are dry but not painful, excepting the sharp stitches. (Lilienthal.)

OTORRHŒA.—Discharge of yellowish colored mucus from the ear. (Gilchrist.)

OTALGIA.—Violent stitches in the left ear, extending into the roof of mouth, side of head and neck; glands swollen; neck painful to touch. (Cowperthwaite.)

NASAL CATARRH.—*Kali bich.* and *Hydrastis* are decidedly useful in cases where the secretion is very viscid and tenacious. *Hydrastis* has a more profuse secretion than *Kali bich.* (Holcombe.)

In a case of nasal catarrh, which had existed for many years, with the following symptoms: Burning, excoriating, watery discharge from the right nostril; sensation of pressure at the root of the nose; eyes watery and worse in the wind; soreness of the eyes in the morning; sensation of dryness in

the nostrils, dizziness on stooping and on going up-stairs; always troubled with cold, damp feet; (Calc. ost.); takes cold easily; two doses of *Kali bich.*^{2c} effected a cure. (H. V. Miller, *Trans. N. Y. S.*, 1872.)

Pathologically, nasal catarrh is hyperæmia, with excessive cell-proliferation, followed by degeneration, occurring, under atmospheric or other irritations, first (usually) in the mucous membrane of the nose and of the frontal and ethmoidal sinuses. The adjacent parts sympathize; throat, Eustachian tube, and cavity of the tympanum, are often inflamed. And after a time, the subjacent bony and fibrous structures become affected. Sometimes, destruction of the parts occurs, especially when syphilis and mercury are added to the strumous diathesis. For this, use *Kali hyd.*, *Nitric ac.*, *Kali bich.* and *Aurum*. . . . *Kali bich.* has ulcers, looking as if excavated by a punch; discharging scabs, like "clinkers," hard, tough, elastic; dryness or fluency; stuffing; the septum appears to be a particular point of attack; also the pharynx. (J. C. Morgan, *HAHNEMANN. M.*, December, 1872.)

CATARRH, ACUTE OR CHRONIC.—Thin, watery discharge, with great soreness and redness of the nose; bad, foul smell; ulceration in the nostrils, in the septum; accumulation of green masses of offensive mucus. Pain across the bridge of the nose; soreness and pain commencing at the root of the nose, extending along the frontal sinus with dimness of vision and lachrymation; violent frontal headache, if discharge stops; discharge of tough, stringy mucus. (Hemple and Arndt.)

CORYZA.—Fluent, excoriating nose and lip; nostrils sensitive, ulcerated; round ulcer or scabs on the septum. With pressure and tightness at root of nose; worse evenings and in the open air; in the morning, obstruction and bleeding from right nostril. (Hering.)

Sensation as if nose were swollen and stiff; must blow out a thick substance, but no discharge; feels as if a heavy weight were hanging from it. (Cowperthwaite.)

CHRONIC INFLAMMATION OF THE NASAL MUCOSA.—For 10 or 18 years; dryness of nose: constant feeling of being stopped up; disagreeable feeling of burning and swelling, and at times actual swelling of the nose; tensive feeling as if it must burst; hot upper lip; eyes affected; worse in warm, better in cool temperature. *Kali bich.*³, every other day. Eight days afterwards, nose moist, and much better, and still improving. (H. Goullon, Jr., *A. H. Z.*, 83-65.)

OZÆNA.—Inflammatory redness and soreness of the nose;

inflammation and swelling of the nasal mucosa, with watery slimy secretion, ulceration of septum and other parts. Want of smell. (Heinigke.)

The septum naris may be ulcerated away, and the mucons membrane in a state of purulent inflammation. On blowing the nose, there is a sticking in the right side, as from two bones rubbing against each other; blows green, offensive masses from the nose, etc. (Farrington.)

Ulceration of the Schneiderian membrane, attended with loss of smell and the formation of elastic plugs in the nose; ropy, tough discharge, often also from the posterior nares, offensive or not. (Lilienthal.)

Kali bich. is a remedy of great power in the ulcerative diseases of the mucous membranes of the nose and throat. Its local application, one grain to one pint of water, should be conjoined with its internal administration. The third decimal trituration is strong for all its curative effects. *Merc.*, *Aurum* and *Kali bich.* overshadow all other remedies for this disease, especially when caused by or associated with syphilis. (Holcombe.)

FOLLICULAR PHARYNGITIS.—The pharynx exhibits a state of inflammation with involvement of the follicles. Surface, dark red, glossy, puffed, or cracked and bleeding; hawking of stringy mucus or containing cheesy lumps. Burning down into the stomach. (Farrington.)

CATARRH OF FAUCES, ETC.—Catarrh of the fauces and trachea, with great accumulation of ropy mucus: hoarseness; cough; suppressed voice; burning of mucous membrane extending up into the nostrils; enlarged tonsils, causing dulness of hearing; ulceration of the pharynx or larynx; oppressed breathing. (W. Webster, Ohio)

TUBERCULAR SORE-THROAT.—Kali bich. is called for in tubercular sore-throat when mucus collects about the throat, and it generally removes the superficial ulceration, existing whether in the pharynx or larynx. (I. L. Newton.)

SOE-THROAT.—Sensation of lump in the upper part of the trachea, and of hairs across the base of the tongue, which neither hawking, swallowing, nor eating relieved. (T. D. Stow.)

In throat affections, *Kali bich.* serves in the most desperate cases of destructive or pseudo-membranous inflammations. The symptoms are: Much ropy mucus; redness and swelling of the uvula and tonsils; on the tonsils, thick, yellowish membrane, or ulcers which tend to perforate; at times, mem-

brane on ulcers is ashy, sloughing, with livid surroundings. Pain on swallowing shoots into the ear. Parotid enlarged, with pain from the ear into the gland, and also into the swollen, sensitive, cervical glands, etc. (Farrington's lectures.)

ULCERATED SORE-THROAT.—Mrs. C. Two ulcers in back part of throat, over one-half inch in diameter, deep, filled with cheesy looking matter, edges elevated, and well-defined borders. Also, one ulcer which had eaten through the velum palati, from which continually oozed matter like that of the others. Had been under allopathic treatment; was pale, emaciated; no appetite, and very weak. Expressed herself as "miserable all over." Kali bich.³⁰ and ²⁰⁰ healed ulcers in three weeks; patient well in six weeks. (H. B. N., *Journ. of Hom. Mat. Med.*, vol. iv., p. 80.)

SORE-THROAT.—In some forms of sore-throat, characterized by ulceration or by the accumulation of thick, tenacious mucus about the fauces and posterior nares, *Kali bich.*^{3x} to ^{6x} of great service. (W. Bayes.)

ANGINA.—Especially of chronic form, when there is dryness and rawness in throat; difficulty of swallowing solids, leaving behind them a sensation as if something were left in the throat; sharp, shooting pains in the left tonsils; sharp stitches in the left ear; slimy, yellow-coated tongue, with bitter taste in the mouth; chronic nasal catarrh. (Hemple and Arndt.)

A CASE, ILLUSTRATING CERTAIN IMPORTANT POINTS IN THE DIAGNOSIS OF PLEURITIC EFFUSION IN CHILDREN.

BY WILLIAM A. HAMAN, M.D., READING, PA.

DURING the night of March 25th, 1886, Bessie W——, a girl, nine years of age, was taken with chilly sensations, followed by high fever and bilious vomiting; these symptoms followed an unaccustomed ride in an open wagon during the day. I saw her the following afternoon, when I found her feverish, the pulse being 120, and complaining of severe frontal headache, bilious vomiting, slight dyspnoea, painful cough, with rattling breathing, and great tenderness on pressure over the right hypochondrium and below the ribs on the right side; her skin was slightly icteroid, the urine was dark in color, and the bowels were confined. The lung percussion note in all portions of the chest was clear; on auscultation, the vesicular murmur, necessarily puerile, was heard

everywhere, no friction sounds were detected, the only discoverable thoracic abnormalities being the presence of numerous coarse moist râles well distributed throughout the chest, and a mis-shapen pigeon-breasted chest due to rickets, which deformity, her mother informed me, had existed several years. The sputa were scanty, and when raised, were obstinately swallowed, and not expectorated; she could not describe the character of the pain in her chest. My diagnosis was acute bronchitis, involving the larger tubes, and intense congestion, if not inflammation, of the liver. In thirty-six hours, the vomiting ceased, and the rattling breathing, that had been audible in any portion of the room, disappeared, and there was also a diminution in the intensity of the hepatic tenderness. The first three days, I examined the chest closely, but I neglected doing so on the fourth. At my fifth visit, her mother told me that, during the preceding night, the child had considerable difficulty in breathing. I examined the chest again, and was surprised to find, on percussion, the lower half of the left chest, anteriorly and posteriorly, to be quite dull, the rest of the chest being clear. The vesicular murmur was present everywhere, except in the dull portion, where it was replaced by *marked tubular breathing*. All portions of the chest, except the area of percussion dulness exhibited normal vocal fremitus; but this part was *devoid* of any vibration. *Bronchial voice was very marked in this area of dullness*, but was quite absent elsewhere. This, to me, was a very puzzling state of things. As acute phthisis, lobar pneumonia and pleurisy are, the only acute troubles accompanied by a dull percussion note I felt safe in throwing phthisis out of the question, but I hardly knew what diagnosis to make of this mixture of the physical signs of lobar pneumonia and pleuritic effusion. I was perfectly conversant with the differences in their physical signs; that both have percussion dulness; that pneumonia, in the state of hepatization, has tubular breathing and marked bronchial voice and intense vocal fremitus (except when the large tubes in the affected area are choked with phlegm, thus preventing the entrance of air), all these signs being due to the fact that condensed lung tissue is an excellent conductor of sound; and that pleuritis, in the stage of copious effusion, has neither the tubular breathing, nor bronchial voice, nor vocal fremitus, as liquids are far inferior to solids as sound conductors; but copious effusions cause visceral displacements, which pneumonia never does. Here was a case of acute chest trouble with marked percussion *dulness* involving the lower half of

the left chest (extending posteriorly as high as the middle of the scapula) with marked *tubular breathing* and *bronchial voice* (signs of lobar pneumonia) but *without the slightest vocal fremitus* in the dull portion (a sign of pleuritic effusion), but without any displacement of the viscera, the apex of the heart impinging against the chest wall a little below and half an inch to the right of the left nipple. Mensuration showed a greater measurement of the left than the right half of the chest, but I dared attach no import to this, owing to the deformed chest. By changing the girl's posture, I got a marked alteration in the level of the percussion dullness, thus proving the case to be one of pleuritic effusion; if this had been a case of pleuro-pneumonia, there would have been no or very little change in the line of dullness; and, if the effusion had been very fibrinous or limited by adhesions, there would have been very little change by altering the posture; this sign, when it gives positive results, is of great value, but, when resulting negatively, becomes of very little importance. In adults, tubular breathing is noticed in slight effusions, as one would suppose when the lung tissue is partly compressed, but the quantity of fluid is not sufficient to destroy the results of the increased conductivity of the partly compressed pulmonary tissue. As in other chest troubles, the intensity of the physical signs of pleuritic effusions is, in the great majority of cases, in direct proportion to the intensity of the disease; yet, in very large effusions, tubular breathing and bronchial voice are sometimes audible over the whole affected side; this has no satisfactory explanation.

These physical signs, nearly always present in children, are also always present (except when the tubes are blocked with fibrinous plugs) in adults, with copious or moderate effusions, *in the interseapular space*, because the lungs are crowded into the spinal fossæ between the bodies of the vertebræ and the ribs. The absence of friction sounds is the rule in the pleurisies of infancy and childhood, and in adults is best heard as the effusion is disappearing, and the lymph-covered parietal and visceral layers of the pleura again come in contact. So, the absence of this sign is not of as much significance in making a diagnosis as is generally supposed. It may have been present in my case; if so, it was masked by the coarse bubbling râles. Trousseau, in his *Clinical Lectures*, says: "You are aware that the friction sound has been considered as a precious diagnostic sign of pleurisy, . . . the real friction sound of pleurisy is much more rare than is generally said

and believed. I have seldom had an opportunity of hearing it at the beginning of a pleurisy, a circumstance sufficiently explained by the fact that I am seldom called in at the early stage of the disease, and that a few hours are sufficient to allow a more or less considerable effusion to take place. It is generally best heard toward the end of the attack. I again repeat that this friction sound is much less common than has been alleged.* Diminished or entire absence of vocal fremitus has far more diagnostic value than any other single sign of pleurisy, and it is only in infants, whose chests are very small and whose voices are weak, that this test cannot be applied. This case vividly recalled to mind what I had read concerning pleuritic effusion in children; as the paragraph is short, and as text-books either totally ignore this point or merely mention it, I will reproduce it: "There are several most important variations from the general picture of the physical signs of pleurisy, to be observed in infancy and childhood. These variations are due to two circumstances:—the small size of the chest, and the greater yieldingness of the chest-walls. As regards auscultation, it is all important to note that bronchial breathing and voice persist in nearly every case, even when the effusion occupies the whole chest, and when vocal fremitus is entirely absent. Rilliet and Barthez were the first to notice the remarkable fact that even a pneumonic broncophony and bronchial breathing, so far from being diminished, are usually much intensified by a supervening effusion. Yet there are many text-books that take no notice of this peculiarity of children, and ignorance of it has certainly been the cause of many disastrous mistakes in practice, the practitioner firmly believing that he had merely to do with a solidified lung, till surprised by the appearance of fluctuation and evident signs of pointing in one or more of the intercostal spaces. Another very important distinction of pleurisy in young life is the comparative absence of signs of displacement of the viscera. The fact is, the chest-wall yields more easily and the force of pressure is not extended to anything like the same extent as in adults, in dislocating the heart and in driving downwards the diaphragm and the abdominal viscera. This is, also, a peculiarity, too little noticed in text-books, written by those, whose experience of pleurisy is not large; and, joined with persistence of bronchial breathing and voice, has, doubtless caused numbers of mistakes. Such errors,

* Vol. i., p. 558.

probably, cost the lives of many children who might have been saved by prompt tapping. It is, however, a mistake to say, as some have done; that displacement of viscera never takes place in children. Ziemssen quotes a conclusive series of cases observed by himself and others, to the contrary effect." * It is surprising to observe, how little notice is taken in our text-books of this difference between children and adults, and of the importance of being familiar with it, and of the possible results to children suffering from large effusions by mistaking it for pneumonia. Instead of our authorities calling attention, in striking language, to the liability of drawing erroneous conclusions in the case of children, a few merely mention incidentally the possibility of the persistence of tubular breathing, many ignore it altogether, while exceptionally few mention the rarity of visceral displacements.

APIS.—A CLINICAL NOTE.

BY T. F. ALLEN, M.D., OF NEW YORK.

A PATIENT frequently attacked by tonsillitis, since she was desperately ill with a malignant type of diphtheria many years ago, which was cured by Apis, recognizes the onset of an Apis attack by the *cold nose*, which always ushers in the disease—no coldness elsewhere. Apis now immediately arrests the trouble. It is of no use in other forms of her sore throat, that is a sore throat not preceded by a cold nose does not develop Apis symptoms. But now she occasionally suffers from an acute gastric catarrh which is ushered in by a *cold tongue*. Apis does not relieve, but *Bismuth* does.

Miscellaneous Contributions.

SPASMODIC AFFECTION OF THE MUSCLES OF THE PHARYNX AND LARYNX, WITH HYSTERIA.

A LECTURE (23d) DELIVERED BY DR. P. JOUSSET.

(Translated from his *Lecons de Clinique Médicale*, by Horace F. Ivins, M.D.)

GENTLEMEN: To-day, we will call your attention to two hysterical affections which are grave in appearance only.

The first of these was characterized by a spasm, a tonic convulsion of the muscles of deglutition and mastication. For

* Reynold's *Sys. of Med.*, Vol. ii., p. 345.

several days alimentation was almost impossible. The history of the case is appended.

OBSERVATION, XXXVII. [1].—*Chronic Gout in a Hysterical Individual.—Spasm of the Muscles of Mastication and Deglutition.—Angustura Spuria. Electricity.—Cure.*

Mrs. D—— entered the hospital [of St. Jacques, Paris], December 6th, 1872. She was given bed No. 3, in the female ward. Until twenty-four years old the patient was healthy.

She began menstruating when twelve years of age, and continued regular until she was fifty-two. She had nursed two daughters. In 1849, during her second gestation, she had cholera. About the same time, the right eye became amaurotic, but, fourteen years later, her sight returned. She had never suffered from any form of skin affection, but since 1849 has had hæmorrhoids. The patient never indulged in excesses of any kind, but has had much grief and many reverses of fortune which have greatly disturbed her health. Although she had never been subject to nervous attacks, she has presented, at various times, nervous phenomena, the nature of which has not been well recognized.

In 1858, she suffered, for a number of days, from violent spasms of the œsophagus, which prevented her from taking either solid or liquid food; she was able to make the movements necessary for pharyngeal deglutition, but, once arrived in the œsophagus, the alimentary bolus, either solid or liquid, was forcibly ejected, its cause being *spasm of the œsophagus*. In 1864, her entire right side was paralyzed for several months. In the interval between these attacks, she presented a great mental susceptibility, and was subject to neuralgia and palpitation.

In 1873, she was completely cured of an acute attack of gout of the feet.

Two years ago, she strained her wrist; this was badly treated. It was necessary to apply a dressing which she wore for several months. As a result of the strain, the other joints were successively attacked with arthritis, which, finally, caused the deformities you see to-day.

Status præsens. All of the articulations, both large and small, are affected, and present the very characteristic deformities of *knotty gout*. The patient can make but very limited and painful movements. The legs are semi-flexed on the thighs and extension is impossible.

A very considerable atrophy of the muscles of the arms and

legs is also present. Nevertheless, the face is not emaciated, and the appetite is good. Heart-sounds are normal.

After dinner, on the 11th of December, the patient was suddenly attacked by an embarrassment in the speech; this grew gradually worse until, at 11 o'clock P.M., she was unable to articulate a word. The jaws were forcibly contracted, and the teeth pressed tightly together. There was no paralysis of the limbs.

12th: In the morning the face was flushed; the patient was not always able to speak, but she could write perfectly, and in that way gave an account of her condition. The ingestion of liquids was extremely difficult, the patient being able to take a very small quantity only during the day.

R. *Belladonna* 6th.

15th: Constant contraction of the jaws, but speech easier.

17th: *Angustura spuria* 3d was prescribed. The remedy having produced a slight change for the better, it was continued by varying the dose; the 12th dilution seemed to give the most relief.

The spasm gradually relaxed, the patient spoke and ate with lessening discomfort until her return to the normal condition, which occurred on the 20th December.

22d: The spasm of the muscles of the tongue appeared, like that of the masseters. Speech and deglutition were again obliterated. This attack was, however, less severe than the first. *Angustura* was repeated. On the 23d of January, electricity was added to this treatment. A very feeble, constant current was employed, two elements of one of Trouvé's piles.

From the 25th of January, a marked amelioration was noticed. After that time, the contraction of the jaws was lessened. The patient could take some nourishment; the speech returned; pains in the head, chiefly in the frontal region and nape of the neck, were less severe; and deglutition was much easier.

For fifteen days, the electricity was continued. At the same time, *Angustura spuria* 6 was given. At the expiration of this time, the condition had entirely disappeared:

This is a curious pathological case, for it presents the union of two essential maladies: hysteria and gout. The hysteria appeared first: for the *amaurosis* of the left eye which lasted years and was then cured spontaneously; the *hemiplegia*, likewise transitory; but especially the *œsophagismus*, which occurred twenty-one years later, were certainly hysterical affec-

tions. The *knotty gout* appeared, in 1873, through an attack of rheumatism, and it appeared incontestably, two years ago, in connection with the lesion denominated, rightly or wrongly, strain. Afterwards, when the gouty cachexia had rendered this woman completely anæmic, the hysterical contractions re-appeared, in the form related in the observation.

It is certain that *Angus. spur.* cured the first attack, and that it would have cured the second, for we only employed the continuous currents because they gave immediate relief and permitted the patient to take nourishment.

The *Angustura spuria* is only the bark of the tree which produces the *Nux vomica*.

The following case refers not so much to an old cachectic woman as to a young one who has had very characteristic hysterical attacks, and who was seized, while in good health, by a real chorea of the respiratory muscles.

OBSERVATION XXXVIII. [2].—*Acute Chorea of the Muscles of Respiration in a Hysterical Individual.—Allopathic Treatment, Aggravation.—Cured by Hyoseyamus niger, 12.*

Viscountess D——, is a young woman of twenty-four years, exceedingly nervous—without which, however, she would never have experienced true hysterical attacks. This temperament has been worse ever since a miscarriage which occurred last June.

At the commencement of November—under the influence of grief caused by the estrangement of her husband—she was seized with her first attack of chorea of the respiratory muscles, but this attack was slight, and disappeared spontaneously in eight days. It reappeared, however, ten days later. Since the 23d of November it has been violent, and grows more intense daily. On the 24th and 25th the attacks commenced after breakfast and terminated in the evening, after which she had five or six hours of good sleep. On the 26th the attack was scarcely broken up for more than a few hours during the night, and to-day, the 27th, it is extremely severe.

The patient complains of a pain in the left side of the larynx; she suffers from spasmodic dyspnœa, aggravated by short piercing cries, and sometimes by hoarseness. As the attack increases the patient fears she will suffocate; she moves on her chair and makes much respiratory effort. The efforts occasion an extremely painful weakness of the respiratory muscles, especially of the left side. The hand placed over

the upper portion of the abdomen detects the convulsions of the diaphragm. These paroxysms last during several respirations, after which the exhausted patient respire naturally. If the attack is severe, the paroxysms recur several times a minute; when the patient becomes weak there is an interval of several minutes between the paroxysms. They cease entirely during sleep, and are much worse when swallowing liquids. As the attack increases there is a slight dry cough, as though attempting to dislodge a foreign substance, and the voice is sometimes a little hoarse.

There is incomplete analgesia, and a very confused sensibility, especially on the left side. Pressure over the ovaries is very painful, but it eases the paroxysm without causing it to disappear. *Moschus*, first trituration, and the inhalation of ether, not having calmed the attacks, I called Dr. Krishaber in consultation. He confirmed the diagnosis, and, after making a laryngoscopic examination, said there was no lesion of the larynx. The Doctor prescribed injections of morphine, the inhalation of the iodide of ethyl, and the administration of the liqueur of Yvon in doses of one teaspoonful morning and evening, gradually increasing it until tablespoonful doses were given. The liqueur d'Yvon contains the bromides of potassium and sodium, and camphor.

November 27: The injection of a centigram of morphine benumbed the patient and lessened the intensity of the crises. The patient passed a comfortable night, but the spasm recurred on waking. The injection, which was given in the morning, calmed the attack, but made the patient vomit. The iodide of ethyl having had no effect, a dessertspoonful of the elixir of Yvon was given.

28th: The condition was about the same. The previous night had been an uncomfortable one; the patient experiencing much difficulty in eating. The morphine injections still caused vomiting. Two tablespoonfuls of the elixir were given in the course of the 24 hours.

29th: Condition and treatment the same.

30th: The patient's condition during the day was poor enough; the anxiety and the fear of suffocation had much increased; eating, though, was less difficult. In the evening I gave two grams of chloral, and a half hour later an injection of one and a half centigrams of morphine.

December 1st: The case did well on the previous night. In the morning she was constantly sleepy; the respiration was somewhat easier, but harsher; the cough worse and the hoarse-

ness increased. The menses made their appearance. The elixir of Yvon was continued in two tablespoonful doses, and morphine and chloral were given in the evening.

2d: Better during the night. The elixir was diminished and the chloral and morphine suspended because the patient had had hallucinations the entire day.

4th: She was more sleepy; when aroused she laughed and said she wished to sleep; she did not recognize the assistants. At other times she aroused voluntarily and seemed in an almost normal condition. She would then eat and fall asleep again. The morphine and chloral had not been given for three days, and for forty-eight hours she had not taken the bromides. The cough was slight and the larynx in a better condition. *Cannabis Indica* 6th remaining inefficacious I prescribed *Stramonium* 6th.

9th: Her condition was somewhat better; she was less drowsy, but when touched she would start and tremble, even when one breathed on her forehead; and noise startled her. Her memory was lost to such a degree that she could recognize neither her attendants, her husband, nor her mother; it required some time for her to recall herself. She believed that I had not called to see her for fifteen days, and she said many senseless things, as, "I wish to go the *Petit St. Thomas* without getting up." Otherwise she was gay and loquacious, but having a repugnance to rising and eating, she wished to sleep always. Cephalalgia continued, and she had crying attacks. *Ignatia* 12th, prescribed some days previously, had diminished the starting and twitching, as well as the tendency to sleep. The memory was also better. *Tarantula* 12th was prescribed.

11th: The progress having been slow, I substituted *Aconite* θ for the *Tarantula*, under the influence of which she improved. The sensation of strangling, which had continued until the *Aconite* was given, soon disappeared. The patient was no longer delirious. She sat up for three hours and ate a little. She had headache and was much fatigued. She had been falling asleep at 5 P.M. and waking at 1 o'clock in the morning.

14th: Much more excited; she jumped and started at the least noise or contact; she had much fear. *R. Opium* 3d.

15th: Opium gave no relief; the patient was more excited, more nervous, more frightened than ever. *R. Stramonium* 3d trit.

18th: On the 16th there was a considerable amelioration

which was more marked the following days. The patient was still startled by being touched, but the nervousness and the fear had considerably diminished; she slept better at night; the memory was entirely restored and the patient sat up part of the day. *Stramonium* 30th.

20th: About the same. The dominant symptoms are the fear, jerking of the whole body, and the shocks from noise or contact. There are still, during the day, some symptoms of the chorea of the muscles of respiration. *R. Sulphate of Strychnine* 3d trit.

21st: The chorea of the respiratory muscles was again present and in a worse form than ever. In this attack the barking respiration was more severe than before. I at once prescribed *Stramonium* θ , three drops.

22d: She passed a comfortable night, slept tranquilly; but in the morning the attacks returned with greater intensity than on the previous occasions. *Stramonium* appeared inactive. I prescribed *Hyoscyamus niger* 6th, because the attacks were much aggravated by the deglutition of liquids. It was administered in powder form every half hour.

27th: The amelioration dated from the first hour after the *Hyoscyamus* was given and continued steadily. The spasms of the muscles of deglutition had nearly disappeared. The patient was decidedly better, the intelligence and the memory intact, but she was still fearful and trembled at the least noise or at sight of a person, even a friend, if one whom she was unaccustomed to see. But that which startled her most was being touched, however gently. *R. Cuprum* in powder.

December 29th: The improvement having ceased *Hyos.* was resumed varying the preparation from the 6 to the 12.

The patient was well by the early part of January. She still showed, however, some hesitation in giving the hand, owing to the unpleasantness experienced when touched. This also passed away in a few weeks, and in February she was entirely well, and pregnant.

Independently of the great interest of this case from a pathological point of view, it presents a striking proof of the superiority of the homœopathic treatment, at the same time confirming the rule which prescribes that we take into consideration the chief characteristics which remedies present for fulfilling the indications which are presented by the patient.

From a pathological standpoint we see successively unfolded in a veritable hysterical person, the symptoms of a

chorea of the respiratory muscles, the pathological sleep, the insanity, the hallucinations, then finally the form of shocks comparable to electric shocks, which characterized the termination of the malady.

The diagnosis remained uncertain for a few hours only. The expiration almost barking in nature, the complete cessation of the dyspnoea at a certain hour of the day and during sleep; the absence of fever excluding the existence both of a simple and a pseudo-membranous laryngitis, and an œdema of the larynx; and the analgesia and the nervous symptoms successively developed fully confirming the hysterical nature of this affection. The treatment of this case is full of instruction. Dr. Krishaber having been called to confirm the diagnosis, we considered it advisable to pursue, for some time, the treatment suggested by this physician. The bromides in large doses, chloral, and the injections of morphine, are well calculated to almost suppress the spasms of the respiratory muscles, but at the same time we have seen develop the following series of hysterical affections; slumber, insanity, hallucination, and loss of memory.

The treatment by palliatives having appeared to us as pernicious, we resumed the treatment according to the law of the similars, and Aconite, Stramonium, and Hyoscyamus brought about a cure which, although gradual, was sufficiently rapid.

Aconite was indicated by the nervous symptoms in which the pathogenesis of this medicine is so rich; excessive impressionability, somnambulism, catalepsy, insanity, hallucinations, and its administration was followed by the first real improvement.

Stramonium and *Hyoscyamus* corresponded to the chorea of the respiratory muscles, to the insanity, the difficulty in swallowing liquids, and above all to the electric-like shocks caused by the least contact or noise. Twenty-four hours after the administration of *Stramonium* the condition of the patient was much relieved, but as the improvement was not sufficiently rapid we made the mistake of prescribing *Sulphate of Strychnine* in the 3d trit. Immediately the improvement ceased and the chorea of the respiratory muscles returned as severe as at first. The second administration of *Stramonium* also promptly relieved the condition of the patient, but the spasms of the larynx being renewed, especially during the deglutition of liquids, *Hyoscyamus* was prescribed, as this corresponded well to this symptom, and resulted in the cure of the case.

"ON THE OVERGROWTH OF SURGERY IN GYNÆCOLOGY AND
OBSTETRICS"—A REPLY TO DR. S. F. WILCOX.

BY J. NICHOLAS MITCHELL, M.D., ADJUNCT PROFESSOR OF OBSTETRICS IN THE
HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

UNDER the above heading, Dr. Wilcox publishes a paper, read by him before the New York Society for Medico-Scientific Investigation. Inasmuch as in this paper Dr. Wilcox undertakes to explain my "aim" in reading a paper with a similar heading before the Homœopathic Medical Society of this county, and because his explanation is not the correct one, I make this reply, lest, in his mistake and by his careless reading of my paper, he may mislead others.

If Dr. Wilcox will re-read my paper, he will find that I do not decry thoroughly the operation he refers to. He will find that I say: "Finally, I would not have it appear that I thoroughly condemn or ridicule the operations, etc. As is well known, I operate and hold myself ready to operate, etc." A little careful reading will there develop to him the true "aim" of my paper, when he reads: "But I do protest against the tendency of the present day to the too frequent resort to these operations, to their being too frequently the subject-matter in our journals, *and to the apparent neglect of the study of medicine in the diseases of women.*"

In no part of my paper is there the least claim "that many gynæcological difficulties are treated by operations, when they might have been amenable to treatment by homœopathic medicine."

I do, however, protest in that portion which I have placed in italics, that women have some diseases which are amenable to homœopathic treatment, and that these diseases which are the every-day ones which we encounter, are passed over with neglect, while the journals are filled to repletion with accounts of cures by surgical operations.

I think, then, on a careful re-reading, Dr. Wilcox will see that he has not read my paper properly, and is not, therefore, competent to explain its aim, nor correct in his explanation.

If he will read a little more carefully, a little further on in my article, he will find that I say distinctly, "that I have no doubt that operation for laceration of the cervix is necessary at times, that ovarian tumors must be removed, and that there are diseased conditions of the ovaries and Fallopian tubes that call for Battey's or Tait's operation, and, having read this, he will find that it disposes altogether of the questions, as far as I am concerned, that he asks, "Can you remove an ovarian tu-

mor by the use of medicine, etc.?" We find, then, that Dr. Wilcox's explanation of the "aim" of my article is incorrect, so far as the first part of his statement. In the latter part, when he says, that my article calls attention to the fact, "that certain operations have been performed unnecessarily and consequently without benefit," I am willing to accept as correct and to repeat. And I think that the doctor will agree with me, that it is similar in spirit to his first reason, "Why certain operations fall more or less into disrepute," viz., "that operations are performed when not indicated."

I am willing to take issue with him, when he seems to claim in his second reason, that it is "through ignorance, inexperience or lack of skill" only, that mistakes are made and operations performed; and I decidedly differ from him in his summing up of the subject, when he says: "So, in considering this subject, I come to the conclusion that, with correct judgment, . . . thorough knowledge of the requirements of, and skill in operating, there will be no fear of an overgrowth in gynæcological or obstetrical surgery."

Let us take up and consider the operations he refers to, in the same order that he follows:

Discision of the Cervix.—In this operation, let us judge the doctor by his own words: "For a time, these operations were the rage, but, after a little, it was discovered that all dysmenorrhœa was not obstructive." Now, turning to the literature of the subject, we will find that this operation was being performed by the leading surgeons, and that they found out after cutting a number of cases that they, not the bunglers understand but the great men, that they had made a mistake in supposing that dysmenorrhœa was only caused by obstruction.

At the February meeting of the Gynæcological Society of Chicago, in a discussion on "Laparotomy for Abscess," Dr. Henry T. Byford said: "A few years ago, Sir James Y. Simpson invented the operation of discision of the cervix for uterine flexions. Almost all gynæcologists began performing it, and, in a short time, *had done more harm than good with it.*"

Emmet's Operation.—I think, in the first place, that I am not mistaken in saying that this operation has to be performed in a good many cases where there is no cicatricial plug in the angle; but the question is, whether it is ever, or has ever been done unnecessarily by any but bunglers?

I have read somewhere that Goodell says that he used to operate in all cases of laceration of the cervix, but that latterly

he individualizes cases. Why is this, unless he operated unnecessarily? And is he rated as a bungler?

In the same discussion before the Chicago society, already quoted from, Dr. Byford said: "Only a few years ago, Dr. T. A. Emmet invented the operation of trachelorrhaphy. While justly maintaining that it was an exceedingly valuable operation in *proper cases*, he has recently stated that it may have done more harm than good."

Baltee's, or Tail's Operation.—Here the Doctor agrees with me, "that the operation has been abused;" but since he proceeds to state some cases in his opinion calling for the operation, and writes as though sterility was the only discomfort likely to result to the women, I would refer him to the article by Coe, in the *American Journal of Obstetrics*, June, 1886.

Dr. Henry C. Coe is the pathologist and surgeon to out-patients to the Women's Hospital, of New York. His paper is founded on the question, "Is Disease of the Uterine Appendage as frequent as it has been represented?" His reasoning on the subject is founded on the following claims for opportunity of investigating the pathological products of a number of operations. He says: "Being somewhat interested in the subject, I have taken pains to examine every specimen of uterine appendage that has come within my reach during the past two years, and also of carefully reading the descriptions of such specimens as have been presented before various societies. There are no small number of such specimens removed in New York in the course of a year, both in hospital and in private practice, and a large proportion pass through my hands." After stating what condition he finds, and after criticizing American surgeons for not following their cases a sufficiently long time before they report them as cures, he summarizes the following conclusions:

"1. Ovarian disease is not as common as it has been represented; the surgeons and *not* the pathologists being responsible for the prevalence of the contrary opinion.

"2. Because an ovary is partially diseased it does not follow either that its functions have been materially impaired or that its removal is imperative.

"3. The expressions 'cirrhosis,' and 'cystic degeneration,' commonly applied to the ovary, are mischievous terms which are too often used in justification of *unjustifiable* operations.

"4. Actual disease of the tubes is far less frequent than is generally believed. Lesser degrees of inflammation, especially

slight 'catarrhal salpingitis,' are seldom appreciable to the pathologist, still less to the surgeon.

"5. Many of the symptoms ascribed to disease of the uterine appendages are really due to *localized peritonitis*, and will not be removed by a removal of the appendages.

"6. The physiology of the ovaries and tubes is still imperfectly understood; their pathology must then remain *sub judice*, and operations for their removal, on the ground of limited disease alone, must be regarded as largely empirical. To which I would venture the prediction.

"7. The present enthusiasm in this country in favor of Tait's operation will not endure, because it will eventually be discovered that the number of *permanent* cures is entirely out of proportion to the number of operations."

It must be remembered that these pathological investigations are made by Coe, necessarily from his position, in cases operated by acknowledged leading and competent surgeons, and not by bunglers. With regard to Dr. Wilcox's question about that class suffering from fibroid tumor of the uterus with profuse menorrhagia, I would refer to what Thomas, in his "*Diseases of Women*," says, in the 5th edition, p. 551. In a table he gives 17 cases, with 11 recoveries and 6 deaths, and says, "Hegar, whose experience with this operation is greater than that of any other authority, regards its efficacy in very large fibroids as doubtful."

The same author, in speaking of the treatment of fibroid tumors, says: "In the vast majority of cases of interstitial and subserous fibroids the efforts of the practitioner should be limited to palliation of the evils resulting from these growths." And hereby he differs from Dr. Wilcox, who says: "Then, after all, you must resort to an operation, and why is it not better to have it done in the first place?"

Porro's Operation in its Modification.—When Dr. Wilcox writes "when you have a very narrow pelvic outlet and a foetus at term," "What are you going to do about it?" "Are you going to kill the child, when there is a probability of saving the lives of both child and mother," does he realize what a serious question he is asking, and what the "probabilities" are to the mother. There can be no question of comparing the operation of craniotomy and Cæsarean section in any of its modifications, except in extreme deformity. We find, as I pointed out in a paper I read before the American Obstetrical Society, on December 10, 1885, that craniotomy has been performed successfully when the conju-

gate diameter measured but little more than 1 inch, and that a study of a number of cases where the diameter was two and a half inches or under, showed an average mortality of forty per cent.

If now we turn to the statistics of Harris we find that in this country the general mortality has been sixty per cent. in Cæsarian section, and in Great Britain, eighty-one per cent.

The Porro method, which shows the best percentage of any other when taken as a whole, that is 109 operations saving 46 mothers, or a mortality of about 57.80 per cent., is still so disastrous that it must lead any thoughtful man to conclude that the operation on account of its great risk is only justifiable in cases of extreme deformity, such as are found in the justo-minim-pelvic at times, or when the outlet is blocked up by solid tumor or by cancerous degeneration of the cervix.

Again, a careful review of the statistics of Porro's operations reveal the fact that while the general percentage is an improvement on the old Cæsarean section, yet a study of different countries does not make it appear so favorable. Thus, while in Germany the operation has been found wonderfully successful and the mortality has been reduced greatly from the records of the olden methods in Great Britain, the mortality is as great, viz., 81 per cent. In the United States where such excessive pelvic deformities as call for this operation are rare, the statistics have not been great enough to decide the subject positively. The successes of Skene, Thomas and others in laparo-elytrotomy are great enough to make surgeons pause and hesitate, or as Charles Carroll Lee expresses in the Medical Record of this year, page 671. "Although the number is as yet too small for any final deduction, the proportionate success is far greater than that of either Porro's operation or Cæsarean section."

I think then in the face of such figures, that I am justified in saying that the remarks of Dr. Wilcox must effectually point out the necessity for my original article.

No operation is more dreadful than this to which he refers so lightly; no operation needs more careful investigation as to the statistics. It is an undecided and mooted point, and yet Dr. Wilcox writes of the matter and decides positively what is the best surgery when in fact the best surgeons are in doubt.

Even on the point of the extra-peritoneal treatment of the stump, which he uses as an argument, it may be asked, when we read Bigelow's letter telling of Martin's brilliant results in

hysterectomy, when the stump is treated by the intra-peritoneal method, is this argument a convincing one?

I would, therefore, after a second thinking over this subject, come to the conclusion that there seems great risks of too much being done by the surgeons both in gynæcology and obstetrics.

Recognizing fully the rapid strides made by the surgeons in the past few years, and acknowledging to the utmost the beneficent effects that they have procured, both in the way of prolonging and saving of life and of suffering, and appreciating as I do, the wonderful operating ability of many, and studying as I have done with admiration, the remarkable statistics of Tait, Keith, Thornton, and others, yet when I hear such warning words from the pathologists, I cannot but wonder at times whether all this cutting has been necessary, and whether the patients have always been benefited as much as the surgeon. But, above all things, I fear and protest against the desire, which is so manifest upon the part of young men, who, without special preparation, opportunities, study, experience, or judgment, try to persuade themselves and their patients into the necessity of these grave operations, and who form their prognosis of the cases upon the brilliant records of these great operators.

HOMŒOPATHIC TREATMENT OF MORAL INSANITY.

SOME CASES OF MORAL INSANITY, BY DRS. W. SANDER AND A. RICHTER, DALLDORF.

(Translated, with remarks, by S. Lilienthal, M.D., New York.)

1. *Congenital mental weakness, perversity of character, theft.*
—Anna R., 15 years old, was from her infancy of perverse nature. She lies and steals, and after being several times detected and punished, is sent to the asylum as incurable. Her father died at the age of 35 from apoplexy. The mother is exceedingly nervous. As a child has suffered from scrofulosis and passed through an attack of gastric fever. She is neither developed for her age nor menstruated. Head large, forehead protruding, features childish. From childhood on she complained of dizziness and hemicrania, which appears every three or four weeks. Her mind lacks development and she is unable to give a clear account of her former life, mixes up rumors with facts, and shows very little feeling in recitations. Shows no feeling of sorrow for her criminal acts and tries to excuse them in her weak manner. Periodically remissions could be observed. She must therefore be considered of unsound mind, with a congenital pathological state of the nervous system, especially of the brain.

2. *Congenital mental weakness, perversity of character, theft.*—B. L., 19 years old, of nervous parents, suffered as an infant from convulsions, and up to his 15th year from fainting spells and headache, off and on with unconsciousness. He learned to talk with difficulty and from early age was a pilferer. Private instruction failed to develop his mind; tried to learn gardening and failed. In two months he was five times arrested for stealing, and therefore sent to the asylum. He is of small size for his age, well nourished, and in his muscles well developed. Skull measures 545 m. through, remarkably oblique, right half more developed than the left one. The left ear stands farther back, the left arcus zygomaticus is more developed, the fissure of the right eyelid smaller, vegetative functions normal. He still suffers from epileptic fits. Sometimes paresis of the left side of the face and of the left extremities. Speech rather indistinct. He shows a high degree of general mental hebetude, as memory, intelligence, and judgment are one and all deficient. There must be a cerebral disease, which causes all these morbid manifestations, and the patient must therefore be declared irresponsible.

3. *Mental weakness, theft, acute deliria.*—Emil. B., 28 years old, weighed down by heredity, was an epileptic in his youth and always backward in his studies. From his 20th year on he was several times arrested for theft; stole at first from members of the family, later from his employers. B. is a man of medium size, of strong form, moderately well nourished, but his motions are weak; high forehead, inclined obliquely backward, small, vision oblique, the centre of the face forms an arch to the right side, hard palate high, ears stand off, beard not developed, hydrocele and partial phimosis. Often palpitations, headache, and other nervous ailments. Intelligence very feeble and constant changes in his humor. Corresponding to this mental hebetude he never was able to support himself, and his deliria are in accord with his morbid state of mind. Here we have a case of mental and bodily degeneration, and such an incompetent person can hardly be considered responsible.

4. W., 24 years old, looks still like a boy. He is weighed down by heredity and suffers from epileptic and asthmatic attacks. Great mental hebetude, and thus unable to provide for himself. He can read or write, but has not the least idea of ciphering. He is easily led to do bad actions, as he does whatever he is bid to do. In the asylum he is therefore a good

patient, though he had outside the character of a mischievous and lewd person.

Spitzka, in his excellent work on insanity, p. 56, says: "Disorders of the moral sentiment may be congenital, and equivalent to a partial imbecility. The memory and the reasoning powers may be so slightly affected in this condition that their deficiency is practically unnoticeable; or the reasoning process—and this is more frequent—may be as perverse as the moral state. Moral perversion may also be acquired. It is a common accompaniment of advanced epileptics, and it is constant in masturbatory insanity." And again, 28: "Moral defect is a prominent feature of some cases of imbecility, and this condition may be the chief manifestation of mental deficiency. A better term would be to call it *moral imbecility*."

Clouston (*Insanity*, p. 255), asks: "Do we meet with children so constituted that they cannot be educated in morality on account of an innate brain deficiency, rendering them incapable of knowing the difference between right and wrong, of following the one and avoiding the other, of practicing checks on inclination, of exercising self-control or obedience to the laws of God and man, of any love and cultivation of the good, or any dislike of evil? Such *moral idiots* are not so rare, and such afflicted persons, with this want of development, we say labor under moral insanity."

Krafft-Ebbing in his *Psychiatry*, ii., p. 63, considers such psychical degeneration, where the person, though his education was in no wise neglected, still fails to profit by it and never acquires ethical (and religious) principles: "Such a brain is already at birth defective, functionally degenerative, and it is labor lost to try to inculcate such principles in him. Too often heredity, where the ascendants suffer from alienation, drunkenness, epilepsy, etc., may be blamed for it. But it may also be acquired in persons who were formerly ethically and mentally sound, and may be caused by severe trauma on the head, by apoplexy, senile involution, drunkenness, constitutional severe neuroses (epilepsy, hystery), and it must therefore not be considered as a mental disease, but as a peculiar individual degeneration, as the expression of a cerebral disease, affecting the patient in his ethical and moral relations. There is a moral insensibility, an absence of moral judgment and of ethical ideas."

Emminghaus (*Psychopathology*, p. 330) thus describes moral insanity: "It is a whole series of psychopathological

manifestations, destroying more or less all ethical and moral ideas and leaving instead egotistical, sensuous and low intellectual ideas. A total perversity of the normal state is characteristic of this moral idiotism, and the mental evolution will too often also be found defective in other directions."

Sankey, in his lectures on Mental Diseases, p. 115, remarks: "With respect to the irregular development of the child's mind we sometimes find a strong vicious propensity, as of wanton cruelty, or the propensity may be some act of dreadful indecency or vice; very often there is no want of intelligence in such children, and what is of equal importance to ascertain, no deformity or disease present. The patient is not a true idiot, or at all events not a confirmed one; the fault is one in regularity of the normal growth of the cerebral organs. The treatment of these cases requires great judgment and care. In the first place, I attach much importance to the treatment applied to the child's general health. Ascertain if faulty nutrition, dependent upon actual tangible disease, as rickets, scrofula, syphilitic taint, or the faulty state of the digestive organs—itsself induced by the injudicious dietary of some overfond mother—is present; the best chance of improving the child's mind is to improve the nutrition processes, which is to be done by exercise, good air, and proper feeding; and the child must not have his brain crammed with book-knowledge. When the case is neglected or mismanaged, and the degenerating causes are not removed, when the bodily health becomes impaired by rickets or scrofula, a true idiotic condition may be induced, which is permanent."

Bonfigli (*Rivista di Med. Leg.*, 1879) agrees with Sankey, saying: "Such weak-minded persons, who are usually considered as suffering from moral insanity, may by an early education, corresponding to their state of mind, be brought to gain some consciousness of moral ethics, for between mental health and mental sickness or degeneration there are many intermediate states, and though in all cases we may admit a diminished responsibility, still it leaves others, where the law, tempered by mercy, must take its course. Grilli, on the contrary (*Arch. p. l. mal. nerveuse*, 1880), insists justly upon that we must accept two different kinds of moral insanity; there are cases where there is more an alteration of character than a disturbance of intelligence, but there are others of moral imbecility from congenital degeneration, characterized by deficiency of judgment and a marked deprivation of the impulses, and in forensic cases

it is of the utmost importance to distinguish the one from the other."

Finally we may be allowed to quote from the *Alienist*, 1882, p. 542, an article by Dr. Wright on "The Physical Basis of Moral Insanity viewed in Relation to Alcoholic Impression."

"There are in the human brain certain fascicles which connect in arches the different regions, where from the continued abuse of alcohol at first an hypertrophy, and then a shrinking of the connective tissue, and thus a lesion of the nerve-fascicles and ganglia-cells is produced, we must find very markedly affected the largely preponderating connective nerves. For on them rests the habitual coördination of thoughts and feelings and with it the self-consciousness and the consciousness of our duties and rights in relation to the world at large. Abuse of alcohol also causes an anæsthesia, a weakening of the sensation and thus of perception. Such an anæsthetic action of the alcohol injures directly these centres of coördination and their connections, as well as those of sensation and perception. This will produce, eventually, a total change of character, and with it an irresponsible mental activity.

"Where such a morbidly affected brain is for some time exposed to such noxæ, the moral defect, caused thereby, becomes constitutional, organic, and thus hereditary. We find in the descendants that character, which knows very well the difference between right and wrong, but is void of all feeling. Thus we meet the criminal (like Guiteau), for whose crime we find the cause in the brain of his descendants, sclerosed by alcohol."

What Wright justly claims for alcohol, we may also claim for other habitual noxæ, which finally produce organic changes in the brain, and thus a moral imbecility. Krafft-Ebbing and others differentiate between congenital and acquired moral imbecility or obliquity, and as the disease may set in *ab ovo* in the former, might we not hope by our Antipsoric treatment to produce a favorable result in the infantile soft and yielding brain-mass. Might it not be advisable to make careful autopsies of the brain in all cases of infants either stillborn or dying soon after birth, especially where the parents were drunkards, syphilitic or suffering from mental alienation, in order to find out these acute or chronic inflammatory (vasomotory paresis) states, and will it be possible to detect them in an infantile brain, for the disease might have passed through its different stages during foetal life and the child be born and grows up with its defective organization. If anything can be done it must be done during the first years of infantile life, and a new

sphere, as it were, is thus opened to us, to examine strictly into the notions of a mind still undeveloped, but so ready for development. Our materia medica is so rich in its mental symptoms that any attempt in this direction may yield favorable results, and prevention of crime is better than asylum or prison, and thus a person, instead of becoming a burden to society, may become a useful citizen, notwithstanding all the cranky notions pervading such an imperfect brain.

Allen in his symptom register mentions unusual remedies for *moral weakness*: Ammonium carbonicum, Arsenicum, Cassada, Clematis, Convolvulus duartinus, Pediculus, and under *idiocy* (including dementia): Absinth, Antimonium crudum, Carboneum oxygenisatum, Carboneum sulfuratum, Centaurea tagana, Hyoscyamus, Mercur, Plumbum, Nux moschata. *Destructiveness*: Mercur iodatus flavus.

Insanity: Agaricus muscarius, Allium cepa, Alcohol, Arsenicum, Hyoscyamus, Kali bichrom., Kali oxalicum, Lycopodium, Naja, Nux moschata, Oenanthe, Oxalic acid, Physostigma, Rhododendron, Tarentula (Hispanica), Zincum; when skull is injured: Alcohol.

In Constantine Lippe's Repertory we read under mind and disposition:

Hatred of work: Spongia. *Arrogance*: Alum, Arn., Chin., Cupr., Fer., Hyosc., Ipec., Lach., Lyc., Paris., Platina, Stram., Verat. *Cruelty*: Anacardium, Crocus, Opium. *Cursing*: Anacardium, Corall. rubra, Lycopod., Nitric acid, Nux, Pulsatilla, Veratrum. *Faultfinding*: Ars., Ipec. *Want of religious feeling*: Anacardium, Colocynthis. *Hard heartedness*: Anacardium, Crocus. *Inhumanity*: Anacardium, Opium. *Kleptomania*: Ars., Bryo., Kali carb., Lycopod., Nux, Puls., Sep., Sulf. *Malice*: Acon., Anacardium, Ars., Bell., Canth., Caps., Carb. an., Chin., Cupr., Guaj., Hyosc., Lach., Mosch., Nitr. acid, Natr. carb., Nux., Paris., Petrol., Plat., Stram. **MORAL FEELING, WANT OF**: Anacardium, Bismuth, Conium, Hyosc., Laureol., Opium, Sabad. *Murder, inclination to*: Ars., Chin., Hepar, Hyosc., Lach., Stram. *Slandorous disposition*: Ammon. carb., Anacardium, Ars., Bell., Borax, Hyosc., Ipec., Lycopod., Nitr. acid, Nux, Petrol., Sep., Stram., Veratr. *Mental derangements from alcoholic liquors*: Ars., Bell., Carb. v., Chin., Coff., Digit., Hell., Hyosc., Lach., Merc., Nitr. acid, Nux, Opium, Puls., Stram., Sulf.

Clotar Mueller in his most excellent repertory gives:

Maliciousness: Canth., Carb. an., Coff., Mosch., Niccolum, Nux, Petrol., Phos.; with destructiveness: Mosch. *Great ob-*

stinacy: Calc. carb. Easily angered: Mangan. acet., Sulf. Cursing: Bell., Borax, Hyosc., Lycopod., Nitr. acid, Nux, Plumb., Stram., Verat., Magnes. austr. Loss of feeling: Anacard., Opium, Stram. Homicidal desire: Ars., Cann., Hyosc., Sec. cor., Stram.

Anacardium stands out preëminently and we read in the Guiding Symptoms: Irresistible desire to curse and swear; strange temper, she laughs at serious and is grave over ludicrous occurrences; contradiction between reason and will, want of moral feeling, depravity, ungodliness, inhumanity and hardness of heart; malicious; wicked and cruel; digging and throbbing pain in right side of head and along the border of the orbit, relieved entirely while eating and while lying down in bed and when about falling asleep; worse during motion and work.

Hyoscyamus (Allen, v. 27): Madness, as if possessed by a devil; quarrelsomeness and insulting speech; rage and trying to injure others.

Opium (Allen, vii. 181): Conscious of being possessed of two persons of another self besides his real self, the Opium man does things which the real self considers wrong, and it is not always sure which will conquer the other; sullen mood, morose and angry at everything without reason; mental weakness and imbecility; insensibility to shame and to the more refined sensibilities; cruelty, ferocity, like a wild beast.

Nux vomica (Allen vii., 85): Very much inclined to reproach others; quarrels, scolds, insults from jealousy, mingled with unchaste expressions, even to violence; cannot tolerate the slightest contradiction; unable to think correctly; he has no patience for work nor any desire; easily makes mistakes in talking or writing; clear consciousness of his existence and correct feeling of right and wrong.

We might continue to give the symptoms of different remedies; but the reader can do this himself in every case. Let us see what we can do to prevent the outbreak *ab ovo*, and I believe with Grauvogl, that we can do much by giving regularly during pregnancy Calcarea and Sulphur in alternation; where either one of the parents is a toper, Sulphur certainly can do much to prevent the breaking out of the moral imbecility in the children. It is astonishing to read the multitude of mental symptoms of Calcarea carbonica, which stamp it nearly as a similitum in this mental obliquity. Thus we read in the Guiding Symptoms: Mania-potu, with delirious talk about fire, rats, mice and murder; she thinks and talks of

nothing but fire, rats and murder; disinclination for every kind of work; excessive mischievousness with obstinacy; voluptuous lascivious fancies; hateful, vindictive; violence and anger; restless mood; affections from egotism. Knowing also, what a powerful regulator of mal-assimilation *Calcareo carbonica* is and how often it is our sheet-anchor when we find "open fontanelles," with large head and much sweating of same; leucophlegmatic children, very fat and of leaden weight; exostoses of skull, and how we may change the adjective in order to play the *Calcareo* in another key, as *phosphorica*, *arsenica*, *fluorica*, etc., we certainly possess in this class of remedies a powerful aid in preventing the outbreak of moral imbecility.

Sulphur gives us: Very much excited and very passionate, in violent motion; excessively irritable disposition without cause; quarrelsome and vexatious without cause; embittered mood, as if he had been injured; so obstinate and morose that he answers no one and will tolerate no one about him, he cannot obtain quickly enough what he desires; indolence of mind and body; long continued giddy confusion of the head; jerking spasms of individual limbs and attacks like epilepsy, preceded by a feeling in the arms and back as if a mouse ran up them.

We meet similar symptoms under the egoistic *Natrum muriaticum*, this constituent of all the solids and fluids of the body, as: passionate temper, becomes vehement without special cause; every trifle provokes him to anger; scornful, ill-natured, excited; no desire for work; mental indolence; dyscrasic deterioration of the blood, especially scurvy.

We come now on very debatable ground in different ways by asserting that hereditary diseases are part and parcel of Hahnemann's psora theory, and as the disease *ab oco* find its similitum in alcohol, whether produced by it in the ascendants or whether it originated in some other obscure manner, might it not be advisable to fight fire with fire, and give our patient a very high potency of alcohol. We find in the fully developed disease as well as in the daily provings of alcohol: All, even the coarsest desires and inclinations become uncontrollable; moral degradation, marked by cowardice and untruthfulness (chronic); unreasonable inclination to quarrel, impatience to contradiction; imbecility, etc.

It may be hardly worth while to give any more hints, as every case must stand on its own individuality. We differ from Sankey and hope even of improvement after a year has passed, especially in acquired moral imbecility, but we do not

even despair to bend the twig by moral and medicinal treatment, before the brain reaches its full development. Drug-study does not alone suffice in these young patients; we must study their inmost nature in order to find out wherein their mental deficiency exists, and the moral saving of a young and promising life may be our reward.

Worcester considers moral insanity only from its legal aspect and finds it hardly worth while to speak of treatment. If our few trite remarks should rouse up our homœopathic alienists to a more thorough trial in the treatment of such cases, they will find that even these spiritual nerve fibrillæ will respond to faithful and conscientious homœopathic treatment.

GLYCOSURIA OF LACTATION.—Dr W. Sinclair draws attention to the temporary presence of sugar in the urine of women with engorged breasts, either from the normal excessive flow of milk that occurs a few days after parturition, or from that following the withdrawal of the suckling child. The author's own attention was first directed to this subject by the following incident: A healthy young woman was admitted into the Manchester Hospital for Women and Children, to undergo the operation of restoration of the perineum. Her child was three months old, and was nursed at the breast until the morning of the day of her admission. When Dr. Sinclair came to perform the operation, he was informed by the house surgeon that the patient was suffering from diabetes. A careful personal examination of the urine convinced him of the presence of a considerable quantity of sugar. The patient was accordingly sent home, and advised to return after she had weaned her child. When she was readmitted, not a trace of sugar was discoverable. Dr. Sinclair favors the view that the glycosuria is due to resorption of milk-sugar contained in the milk of the engorged breasts. The author puts the interesting question, what influence would such a condition have on the healing of wounds?—*N. Y. Med. Journ.*, June 5th, 1886.

SHOULDER-JOINT FRICTION AND INCIPIENT PHTHISIS.—As the first physical sign of incipient phthisis is frequently a mere adventitious sound heard over some part of the apex of the lung, and as the friction produced in the shoulder-joint by breathing often imitates very closely these pulmonary adventitious sounds, it is not difficult to understand how mistakes in diagnosis may occur. The sound produced at the shoulder-joint is almost always of a dry quality, rather creaking than crepitation, but its character varies considerably. It is difficult to prevent its occurrence in those subjects in whom it is heard, so that fixing the joint hardly aids one much in the diagnosis. But the sound is always loudest over the joint itself, and is better conducted along the bones than along the muscles, over which it is usually faintly heard; but, in some instances, it may even be audible over the pectoralis major below the clavicle. An important point in the diagnosis is the character of the breath-sound at the apex of the lung; when mere joint-friction is heard, there is, of course, no prolongation or increased loudness of the expiration. This friction-sound, simulating pulmonary adventitious sounds, was first pointed out by Dr. Gowers. It is especially of frequent occurrence in patients who have suffered from rheumatism.—*Analectic*, May, 1886.

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Editorial.

MR. LAWSON TAIT AND OVARIOTOMY.—In the *British Medical Journal* for May 15th, 1886, there appears a communication from the pen of Mr. Lawson Tait, of Birmingham, England, on “one hundred and thirty-nine consecutive ovariectomies performed between January 1st, 1884, and December 31st, 1885, without a death.” The communication is of such a remarkable character, as indeed its title indicates, as to call for extended notice. No ovariectomist has hitherto claimed such wonderful results as this. Those who lost but three or four per cent. of their cases felt justified in exhibiting pride over their results. But Mr. Tait’s results eclipse all others and apparently indicate that ovariectomy is scarcely more dangerous than an operation for the removal of a sebaceous cyst from the scalp. Mr. Tait attributes his great success to the fact that not one of these 139 cases had been tapped; to his short incisions; and to his method of cleansing the peritoneum.

He states that for many years he has not had a fatal case that had not been tapped. He believes that tapping an ovarian cyst is a surgical crime.

The average length of the incisions he makes is not more than two inches. Anything over three inches he regards as

excessive. To the general practitioner, such extremely short incisions appear scarcely large enough, yet Mr. Tait confidently proclaims them to be sufficient. So far as increasing the difficulty of the operation is concerned, they can only do so he says, "in the hands of a bungling operator." (He had just said that Sir Spencer Wells occasionally made incisions of five inches.)

In dressing the wounds he still adheres to "the dry absorbent cotton-wool, quite free from any kind of germicide." He proclaims his utter fearlessness of germs, so that if he "could get them in sufficiently large quantities and found them dry, elastic and absorbent," he would willingly stuff his pads with them instead of wool.

He adopts the intraperitoneal method in the treatment of the pedicle, which he secures by the silk ligature with the Staffordshire knot.

In cleansing the peritoneum, he makes use of an elaborate system of washing with blood warm water that has never been boiled and is perfectly free from any drug or chemical substance. "The water is plain unfiltered tap-water, warmed by the addition of enough from the boiler. *It is full of germs and spores, and small beasts of thirty-four different varieties.*" (Italics ours.)

As Mr. Tait expresses it, his success has entirely destroyed his fear of the peritoneum, so that he now feels justified in opening this sacred sac pretty much as he opens his pockets. He even considers a coexistent peritonitis no bar to the performance of ovariectomy and he narrates cases to sustain him in this position. He has established clearly in his own mind the conclusion "'When in doubt open the abdomen,' the doubt being that" his "patient will not recover if left alone." He also reports the case of a lady who died of peritonitis, in whose abdominal cavity was found, on post-mortem examination, a large quantity of pus, which he says, "could have been cleared out by an abdominal section and drainage." He never now allows a case of peritonitis to die "without at least proposing abdominal section as the proper course."

Mr. Tait's results are beyond all question brilliant; it is a matter of regret, however, that they are not reported in a more judicious style. He does not hesitate, when the opportunity presents itself, to subject Sir Spencer Wells to criticism couched in language exhibiting anything but amicable feelings towards that eminent surgeon. The reputations of Sir Spencer Wells and Mr. Lawson Tait have both been made, and unfriendly

criticism will not detract from the reputation of the one nor add to that of the other.

The boldness with which Mr. Tait disregards antiseptic treatment requires comment. He will have none of it. The value of antiseptic precautions or Listerism in ovariectomy is certainly a mooted point in the *technique* of the operation. It is to be observed that Mr. Thornton and Mr. Bantock, both surgeons to the Samaritan Hospital in London, report equally good results; yet one adopts strictly antiseptic methods, the other avoids them entirely. But the manner in which Mr. Tait proclaims his want of fear of germs savors largely of the methods of the braggart. Still it is to be observed that he is very careful to cleanse the peritoneal cavity thoroughly; and cleanliness is the object which antisepticism proposes to secure. Although the water used for this purpose contains "small beasts of thirty-four different varieties," we do not think that this floating menagerie adds any to its efficiency. Gentlemen as competent to judge as Mr. Tait have noted danger in lack of antiseptic precautions under certain conditions. The introduction of disease germs between the edges of a wound has unquestionably produced fatal results. It is hardly the proper thing therefore for him to sneer at or ridicule their conclusions. If his statements prove anything on this subject, it is that the introduction of germs into the body add to the chances of a successful result after the operation. That certainly is an idea that he would not care to convey to his readers. We can call to mind an institution, the air of which is doubtless germ-laden, and in which nearly every patient on whom laparotomy is performed, dies. The almost uniformly fatal results are not due to lack of skill on the part of the operators, for the same surgeons operating in other institutions secure brilliant results.

The size of the tumors removed by Mr. Tait is not stated in his table of cases. We are led to believe, however, that many of them were yet small at the time of operation, as it is an established principle with him to remove ovarian tumors as soon as they are recognized. To this fact, more than to any other, do we attribute his success.

Mr. Tait's success in this long series of ovariectomies, has led him to underestimate other measures than laparotomy for the relief of diseased conditions for which it *may* be an approved method of treatment. His latest communication on this subject is found in the *Medical News*, for June 12th, 1886, in which he states in positive terms (and Mr. Tait is nothing if

not positive) his objections to the treatment of extra-uterine pregnancy by faradization. He objects on the ground that the procedure is foeticide, and that laparotomy at term offers much better chances for recovery of both mother and child than does faradization at the second or third month. Even when faradization does procure an apparently favorable result, he believes that it will be but temporary, inasmuch as the retained foetal parts become foreign bodies and are liable to set up suppuration and finally effect their exit through rectum, bladder, etc., the prolonged course of suppuration being as dangerous as the original trouble. An old proverb has it that the "proof of the pudding is in the eating thereof." Dr. Robert P. Harris, of this city, by whom Mr. Tait's communication was read to the Philadelphia Obstetrical Society, ably answered the objections made and gave short reports of no less than twenty cases in which the products of an extra-uterine foetation had been retained for periods of many years (over thirty) without giving rise to any disturbance. Mr. Tait himself speaks of the existence of one such case, and expresses his disbelief in the existence of three other such cases in the whole world; and yet Dr. Harris reports twenty of these. All this could have been learned by proper investigation. Mr. Tait is beyond all question a wonderful surgeon, but his reckless disregard of the experience of others limits his value as a leader in gynaecological surgery.

Notes and Comments.

THE UNIVERSITY OF VIENNA has 2673 students in its medical department.

SCIENTIFIC PHOTOGRAPHY.—Methods have been devised for photographing the retina and the interior of the uterus.

RATHER REMARKABLE, but it is a fact, nevertheless, that the American Medical Association failed to take official action concerning the death of Dr. Austin Flint, Sr.

GALEZOWSKI, the celebrated French oculist, has discovered that Pelltierine produces diplopia. He therefore recommends this remedy for oculomotor paralysis. Considering that Galezowski is an allopath, this is very shrewd practice.

NEEDLESS LOSS OF LIFE.—The cholera epidemic in Naples, from August 2 to October 10, 1884, attacked 11,384 people, of whom 6042 died. Of this number 4854 could and would, probably, have been saved under homœopathic treatment—a method under which the mortality was less than 10 per cent.

ONE BIRD OF A FEATHER.—“An effort to secure the endowment with the sum of \$250,000 of the New York Homœopathic Medical College, is commented upon by the *New York Medical Times* as follows: ‘This institution does not represent medical science and art, but rather Hahnemann and homœopathy. Is it not rather late in the Nineteenth century, Messrs. Trustees of the New York Homœopathic Medical College, to appeal to liberal and intelligent men for aid to endow and dedicate to science an institution of learning devoted to the promulgation of one idea, and that idea embodying a fragment of the truths of therapeutics?’”—*N. Y. Med. Record*.

And that is an accurate quotation from the *New York (?)pathic Medical Times*, and we are ashamed to acknowledge that even this journal would express such sentiment. The *Record*, however, does not quote all that the *(?)pathic Times* has to say, so we supply the deficit. Speaking of Bellevue College, the College of Physicians and Surgeons, and the University Medical College, it says: “In name, all these institutions are non-sectarian, but in reality they are just as partisan as those which bear a sectarian name. . . . The question has been not so much, what do you know, but who are your friends? . . . So little confidence have they in their teaching, that they must bring the weight of college authority and social fellowship to hold the young practitioner in the regulation orthodox path.”

There, both sides have it! The *New York (?)pathic Times* will have to have a college of its own, where it can go and “flock by itself.”

New Publications.

THE SURGICAL DISEASES OF CHILDREN. By Edmund Owen, M.B., F.R.C.S., Surgeon to the Hospital for Sick Children, Great Ormond Street, London. 12mo., 585 pages. With 4 Chromo-Lithographic Plates and 85 Engravings. Cloth, \$2. Philadelphia. Lea Brothers & Co. 1886.

No author could have assigned himself a more difficult task than has Mr. Owen in his attempt to include in a small space a treatise on the surgical affections of children. The subject is a big one; condensation, therefore, becomes a difficult matter. In the main, the author has succeeded well, although it must be said that there are times when, in his desire to be brief, his language becomes involved. His teaching is, with few exceptions, sound. In some points we think him not above criticism. 1. When he underestimates the importance of electricity as a diagnostic measure in infantile paralysis. It has been our experience to meet with many cases in which the battery was a *necessary* adjunct in our examination of the patient. 2. When he recommends frequent syringing of the ears in otorrhœa. Otologists have several years since decided that the dry treatment of aural discharges is attended with the best results. 3. When he defines hydrothorax to be a result of pleuritis. Ordinarily, we make a distinction between pleural effusion the result of heart and kidney effusions and that arising from pleuritis. Hydrothorax is used to apply to the former.

We are pleased to note the great importance attached by the author to the constitution as a predisposing factor in the etiology of many children's

diseases. He also lays considerable stress on imperfect drainage as a cause of glandular diseases.

Chapters deserving of special praise are those devoted to tracheotomy, the lymphatic glands, lateral curvature of the spine, and joint diseases.

SURGICAL DISEASES OF THE KIDNEY. By Henry Morris, M.A., M.B., F.R.C.S., Surgeon to and Lecturer on Surgery at the Middlesex Hospital, London. 12mo., 555 pages. With 6 Chromo-Lithographic Plates and 40 Engravings. Cloth, \$2.25. Philadelphia. Lea Brothers & Co. 1886.

Unlike the book just reviewed, that of Mr. Morris on the Surgery of the Kidney makes no claim for condensation. The author aims to present fully, yet without undue verbosity, a consideration of the diseases of the kidney that may call for surgical intervention. No man living is better able to write on this subject than is Mr. Morris, he having long been known as an active worker in the domain of renal surgery. What is unusual, this book supplies a want long felt. Such renal affections as hydronephrosis, pyonephrosis, renal calculus, perinephritis, etc., and the diseases of the ureters are but little understood by the general practitioner; while the literature of the subject outside of the few journal articles on the affections concerned may be said to be *nil*. Surgical diseases of the kidneys and ureters concern others than the operating surgeon. They should interest every physician in the land. If their true nature is not recognized in the beginning, their treatment must be regarded as hopeless. That they are not rare diseases, is evident when we call to mind that their most frequent cause is obstruction in the lower urinary passages, and what more prolific cause have we of this obstruction than post-gonorrheal stricture? The statement made by a celebrated hospital surgeon to us in our student days, that "gonorrhea annually causes many more deaths than syphilis," is fully sustained by a careful study of the diseases considered in the work before us. Like most English medical writers, Mr. Morris' style is clear and elegant.

A MANUAL OF SURGERY. In Treatises by Various Authors. In three volumes edited by Frederick Treves, F.R.C.S., Surgeon to and Lecturer on Anatomy at the London Hospital. Vol. I., General Surgical Affections, the Bloodvessels, the Nerves, the Skin. Vol. II., the Thorax, the Organs of Digestion, the Genito-Urinary Organs. Vol. III., the Organs of Locomotion and of Special Sense, the Respiratory Passages, the Head, the Spine. Duodecimos, 1866 pages, 213 Engravings. Per volume, cloth, \$2. Philadelphia. Lea Brothers & Co. 1886.

Treves "Manual of Surgery" is one of a series of works intended for students of medicine. To it the motto "*multum in parvo*" truly applies. Its three duodecimo volumes are unpretentious in appearance, and yet within their covers is contained wealth of material that is rarely indeed brought within so small a compass. As indicated on the title-page, the "Manual" is composed of a series of essays by different surgeons. These have been selected with rare judgment. Who are better able to write on their respective subjects than Jonathan Hutchinson on Syphilis, Henry Morris on Renal Surgery, John Chiene on the Repair of Wounds, George P. Field on Diseases

of the Ear, Malcom Morris on the Surgical Diseases of the Skin, and Herbert Page on the Diseases and Injuries of the Spine and Nerves? These, with many others no less eminent, represent the type of authors employed in the editorial work of the treatise. Need we say more respecting it?

A SYSTEM OF MEDICINE; Based upon the Law of Homœopathy. Edited by H. R. Arndt, M.D. Vol. III. Philadelphia. Hahnemann Publishing House. 1886.

In reviewing the second volume of this work, we criticized a large portion of the book unfavorably. Such strictures would have been unnecessary had that volume been up to the standard of the one before us, which is certainly a model in nearly every respect. True it is that some of the authors have prepared their parts better than others, and in few instances some little carelessness is manifested; but where a general standard of excellence of a high order prevails, it would be invidious to make any distinctions and single out any special author for honorable mention. Drs. Arndt, Bailey, Clapp, Cowl, Crawford, Dake, Falligant, and the many others who comprise the contributors to volume III., are so well-known that they give character to the book at once.

We express a disagreement with the editor respecting the propriety of introducing surgical dissertations into the work. In his preface, he states that this was done for the benefit of the general practitioner. Now if the general practitioner does not care sufficiently for medical literature to possess himself of a good work on surgery, he is not likely to invest in one on "practice," while he who is well read in surgery cares little or nothing for the short or incomplete surgical notes rushed into works having the scope of the one under review.

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A MANUAL OF MIDWIFERY. By Alfred Lewis Galabin, M.A. M.D. Illustrated with 227 Wood Engravings. Philadelphia. P. Blakiston, Son & Co. 1886.

So many new works on Obstetrics have appeared within a very recent period that we naturally turn at once to the preface of the one before us to discover its "*raison d'être*." There we learn that the author designed to produce a book which should be literally a manual in point of size, and "yet should include all that is likely to be required by students or practitioners."

The author devotes but little space to the anatomy of the parts concerned, but settles down to his subject, "obstetrics," at once. The teaching of the book is but little different from that advocated by obstetricians generally. There remains for us therefore nothing but the author's style and methods of explanation to speak of, and these, we may say, are clear. While he has succeeded in producing a manual in point of size, he has not done so at the expense of any important subject. All matters relating to the diseases and complications of pregnancy and lying-in, receive full attention proportionate to their importance.

The type is rather small but the mechanical execution of the book is excellent in all other particulars.

DISEASES OF THE LUNGS (of a Specific, not Tuberculous, Nature): Acute Bronchitis; Infectious Pneumonia; Gangrene, Syphilis, Cancer and Hydatid of the Lungs. By Prof. Germain Sée, Member of the Academy of Medicine, and of the Faculty of Medicine; Physician to the Hôtel Dieu, Paris, France. Translated by E. P. Hurd, M.D. With Appendices by George M. Sternberg, M.D., and Prof. Dujardin Beaumetz. New York. William Wood & Company. 1885. 8vo., pp. 423.

Professor Sée is well-known as a strong and uncompromising advocate of the bacillar theory, going even beyond many of his confreres and ascribing to the influences of "germs" the production of some forms of diseases which others are still disposed to attribute to entirely different agencies. In the work before us he undertakes to show that all forms of respiratory affections, of which he treats, are due to the influences of bacilli. He claims that "clinical experience, based on the recent discoveries of microbiology, does not allow the least doubt as to the parasitic origin of most of the bronchites, of all of the pneumonias, and of all the gangrenes." Even "meteorologic" bronchitis, he claims, along with rheumatism, has of late years "passed to the rank of infectious diseases."

The author has a peculiar faculty of developing and enforcing his views respecting the etiology of these disorders, while at the same time making an instructive volume for the general practitioner. He lets fall, however, a good many sentences and propositions, such as we do not see how any practiced American physician, at least, can accept. To a homœopathic reader, the one fact that stands out prominently here, as in other practical (?) treatises of our author's "school," is the utter absence of any well-defined relation between the etiology and pathology of the diseases and their medical treatment. However brilliant he may be as a pathologist, when he attempts to pose as a therapist, his attitude is both pitiful and pitiable. When *will* allopathists begin to study the *principles* of therapeutics in hospitals, instead of in laboratories?

The appendices of Drs. Sternberg and Beaumetz, with which the volume closes, are upon the subjects of "The Pneumonic-coccus of Friedländer" and on "Bacteria," the latter being quite a complete monograph on the subject.

THE STUDENT'S MANUAL OF VENEREAL DISEASES. By Berkeley Hill, M.D., and Arthur Cooper, M.D. Fourth Edition; Revised. Philadelphia. P. Blakiston, Son & Co. 1886. 12mo., pp. 132. Price, \$1.00.

Blakiston has conferred large benefits upon the medical students of the United States by his issue of the Quiz-Compend and other handy little reference works for college use; and few of them are more valuable or complete than the one before us. It deals with the history, theories, origin, progress and effects, general and local, of the three forms of venereal disorders, and discusses tersely the causes, symptoms, diagnosis, prognosis, and treatment (of course allopathic) of each of them. A homœopathic student has merely to leave out the treatment and he has still left a most useful book.

THE PRINCIPLES AND PRACTICE OF SURGERY. By Frank Hastings Hamilton, A.M., M.D., LL.D., Late Professor of Surgery, etc., in Bellevue Hospital Medical College; Consulting Surgeon to Bellevue Hospital, etc., etc. Illustrated with 472 Engravings on Wood. Third Edition; Revised and Corrected. New York. William Wood & Company. 1886. Octavo, pp. 1022.

Hamilton's Surgery has been before the profession about fourteen years. During that period surgical science and art have made rapid strides, but it is not a supposable thing that so indefatigable a student as Dr. Hamilton has allowed it to outstrip his progress. The author cites the fact that both anæsthesia and antiseptics have arisen since he began the practice of his profession.

The work embraces the whole field of general surgery, its principles and operations, and does not to us appear to lack any of the essentials of completeness in either department. The descriptions of methods and appliances, though terse, are in all instances clear and lucid. As a text-book and as a work of general reference, it takes rank with the best in our language.

DISEASES OF THE SPINAL CORD. By Byrom Bramwell, M.D., F.R.C.P. (Edin.). Fifty-three Colored Plates and One Hundred and Two Fine Wood Engravings. Second Edition. New York. William Wood & Co. Library of Standard Medical Authors. 1886.

In dealing with his subject, our author has divided his book into four chapters, the subjects of which are as follows: The Anatomy and Physiology of the Spinal Segment; The General Pathology of the Spinal Segment; Methods of Case Taking, and Summary of Symptoms met with in Diseases of the Spinal Cord, and lastly the Description of the Individual Affections of the Cord. His methods of dealing with his subjects are entirely original. In dealing with the anatomy and physiology of the cord, he divides this organ into a series of segments placed one above another, each segment comprising the portion of cord to which a pair of spinal nerves is attached, and each segment he views as a distinct spinal unit; a complete knowledge of the anatomy and physiology of this, enabling one to understand that of the cord as a whole. He then naturally proceeds to the study of the pathology of the cord in the same systematic way. The symptoms arising from functional or organic disease in the spinal segment or its component parts are carefully given. The general symptoms of systematic diseases of the cord are given briefly, but with all the necessary details. Next he deals with the methods of examination of patients and describes such symptoms as are apt to occur in spinal diseases, and assigns to each its proper diagnostic, prognostic, and therapeutic value. Lastly, he takes up the diseases of the cord *seriatim* and deals with them in a masterly manner.

The special feature of the work yet remains to be considered, and that is the large number of colored plates illustrating pathological specimens. These are fully up to the standard of those in the original editions of the

book, which were published at four times the cost of the present volume. Messrs. Wood & Co. deserve credit for placing such a valuable book in their "Library" for the current year.

INSANITY AND ITS TREATMENT. LECTURES ON THE TREATMENT, MEDICAL AND LEGAL, OF INSANE PATIENTS. By J. Fielding Blandford, M.D. Oxon. Third Edition. Together with **TYPES OF INSANITY; an Illustrated Guide in the Physical Diagnosis of Mental Disease.** By Allan McLane Hamilton, M.D. New York. William Wood & Company. Library of Standard Medical Authors. 1886.

These two works comprise the second volume of Wood's Library for 1886. The first of these is so well-known as a standard contribution on insanity as to require no comment.

Dr. Hamilton's work is also a valuable one so far as its text is concerned. The plates illustrating the types of insanity are, in our estimation, failures. It is well-nigh impossible to depict in a cut the expression of the features in the insane. To appreciate them, the patient in life must be observed.

DISEASES OF THE DIGESTIVE ORGANS IN INFANCY AND CHILDHOOD. With Chapters on the Investigation of Disease, and on the General Management of Children. By Louis Starr, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc., etc. With Colored Plates and other Illustrations. Philadelphia. P. Blakiston, Son & Co. 1886. Octavo, pp. 385.

The author of this work starts out with the intention of not only setting forth the pathology, diagnosis, and medicines for the diseases of children, but also and especially for the purpose of teaching how to overcome the peculiar difficulties incident to the examination of children, and how to treat such cases by means and methods aside from mere drugging. We do not mean to say that he doubts the availability of drug action in the treatment of these complaints, but that he is equally careful to impress the value and mode of applying other means than medicines. Food and its preparations, clothing, air, rest, exercise, bathing, etc., are as carefully prescribed as are the medicaments in common use. There is in the work, as the above hint will show, much to interest and profit the homœopathic reader.

PROCEEDINGS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION. For the Years 1884-'85. Published by the Association. Ann Arbor, Mich. Register Printing and Publishing House. 1886. Octavo, pp. 277.

The contents of this book are sufficiently indicated by its title. Many of its papers, together with the two Presidents' Addresses, have already appeared in some of the journals and in pamphlet form. There are several excellent essays, and a little good discussion to be found between its covers. If homœopaths will but make up their minds beforehand not to be disturbed by the epithets and denunciations hurled at them from many of its pages, they may read portions of it with profit.

PUBLICATIONS RECEIVED.

From D. Appleton & Co., New York, *per* J. B. Lippincott & Co., Philadelphia.

DISEASES OF THE NERVOUS SYSTEM. Eighth Edition. By Wm. A. Hammond, M.D.

THE MEDICINE OF THE FUTURE. By Austin Flint, M.D.

From A. C. McClurg & Co., Chicago, *per* J. B. Lippincott & Co., Philadelphia. HASCHISCH; A Novel. By Thorold King.

Gleanings.

A NEW SYMPTOM OF ARSENIC.—Dr. W. B. Cheadle has observed, in several instances when administering Fowler's solution for chorea, an unrecorded effect of the drug, and that is a peculiar bronzing of the skin, closely resembling that met with in the lighter staining of Addison's disease.—*N. Y. Med. Abstract*, April, 1886.

REMEDY FOR HICCOUGH.—An old yet forgotten remedy for the cure of hiccough is the production of sneezing. In some cases irritation of the nasal cavities without sneezing is sufficient to arrest the trouble.—*N. Y. Med. Abstract*, April, 1886.

ACIDUM ARSENICI HYDRIDICUM.—This remedy Dr. Percy Wilde prepares as follows:

Iodine (pure),	gr. xxv.
Acid. arsenicosum,	gr. xxi.
Spir. vini rect.,	℥xxx.
Aq. destil.,	℥xxxv.

The Iodine is dissolved in the spirit with gentle heat and the Arsenious acid in the distilled water. The two solutions are then mixed in an open vessel, and after standing ten minutes the mixture is put up in bottles. He labels this Acidum arsenici hydriodicum^{2x}. The solution should be perfectly clear and colorless and of a decidedly acid reaction. When not properly prepared it may be of a light-brown color. The chemical reaction which takes place is as follows:



Dr. Wilde uses this remedy in general debility associated with glandular enlargement; in chronic consolidation of the lung following a low grade of pneumonia with cough and yellow or white expectoration; in coryza with watery discharge from eyes and nose, with redness of one or both eyes; also in true influenza; in subacute laryngitis with wheezing and whistling sounds in the larynx and constant hacking cough, especially when following the coryza just mentioned; in chronic articular or muscular rheumatism in elderly or debilitated people; and in the debility attending valvular disease of the heart.—*Monthly Homœopathic Review*, May, 1886.

BULLOUS FORM OF IODIC ERUPTION.—Dr. P. A. Morrow concludes with regard to the bullous form of iodic eruption, 1. That it is comparatively infrequent. 2. It has for its seat of predilection the face, neck, forearms, and hands; exceptionally, it may occur upon the trunk and lower extremities. 3. There seems to be no definite relation between the amount of the

drug ingested and the production of the eruptive accidents; they may follow indifferently a single insignificant dose, or may only appear after the long-continued use of large doses. 4. In the former case the incidental effects of the drug upon the skin depend upon idiosyncrasy, in the latter class of cases, the pathogenesis is more obscure. 5. The proneness of this eruption to develop in connection with cardiac and renal disorders would seem to indicate that these conditions stand in the relation of a determining cause, rather than a mere coincidence. 6. The practical inference may be drawn that caution should be observed in the administration of Iodide of Potassium when the complications are found to exist.—*Jour. Cutan. and Vener. Dis.*, May, 1886.

WARM ETHER AS AN ANÆSTHETIC.—Dr. M. W. Hobbs finds warm ether much more efficacious as an anæsthetic than ether as ordinarily used. He uses a special inhaler, with a warm-water chamber attached, by means of which the ether and its vapor are warmed. The patient inhales air along with the anæsthetic. The author finds that warm ether vapor acts more promptly than the cold and with less waste of the anæsthetic. He also observes that when ether vapor and air are administered together warm, coughing seldom occurs and vomiting becomes a rarity.—*Cincinnati Lancet-Clinic*, May 8th, 1886.

INTERTRIGO.—The "*Revue Medicale*," of Toulouse, recommends the employment of the following mixture, proposed by Dr. Klammm, for the intertrigo of children:

R. Magnesia calcinata,	5 grammes.
Powdered talc.,	10 grammes.
Salicylic acid,	0.20 grammes.
Oleo-balsamic mixture,	10 drops.

M. s. a. for external use. The magnesia finely powdered. The salicylic acid can be substituted by boracic acid, an antiseptic greatly used in *otorrhœa*. This mixture has been employed with good success for the *eczema* and *erythema* developed around the anus of young children under the influence of diarrhœa, etc. Also against the *seborrhœa capitis* and *ulcers* of the lower extremities, as well as a drier in parts denuded of epithelium.—*Crónica Médico-Quirúrgica de la Habana*.
E. F.

GLONINUM IN INTERSTITIAL NEPHRITIS.—From the *Presse Medicale Belge* we reproduce the new indication of *Nitro-glycerin* in interstitial nephritis. According to Professor Rossbach, it seems probable that a very high blood-pressure favors the production of the most severe symptoms of nephritis, with small white kidney, such as asthma, retinitis, etc., and taking into account the considerable fall of arterial-pressure produced by Nitro-glycerin, we have this important indication, which has given Dr. Rossbach brilliant results. The doses are from $\frac{1}{2}$ to 1 milligramme of the substance, repeated 10 or 15 times a day, and the preparation to be preferred is, according to the above doctor, the following: Dissolve a given quantity of Nitro-glycerin in ether and mix it with two parts of powdered chocolate and one of gum Arabic. For each decigramme take 200 grammes of the mixture; allow the ether to evaporate and then triturate it with enough water to form a thick paste, which is reduced into small tablets, containing one-half a milligramme of the substance each. The alcoholic solution of 1 per cent. of Hurchard, diluted if necessary, seems to be more convenient, practicable, and sure.—*Crónica Médico-Quirúrgica de la Habana*.
E. F.

TREATMENT OF HYSTERIA.—Dr. Ruault in the *Courier Médicale* recommends compression upon the track of a superficial nerve, to arrest hysterical attacks. The most convenient nerve, on account of its relations to neighboring parts, is the *supra-orbital*, situated as it is between the frontal bone

and the integuments of the forehead, which are very thin here and easily reached by applying the nail upon the supra-orbital arch. The doctor says, that, thanks to this proceeding, he has been able to arrest many cases of hysterical paroxysms, attacks of delirium with hallucinations, and of dyspnoea of the same origin, in which the life of the patient was threatened with asphyxia. We prefer this procedure to the ovarian compression, which is not always inoffensive.—*Crónica Médico Quirúrgica de la Habana.* E. F.

ON TYMPANITIS IN HYSTERICAL WOMEN.—Dr. S. Talma (Utrecht) believes that hysterical tympanitis is the result of a spasm of the diaphragm. A hysterical woman with tympanitis showed costal respiration. During chloroform narcosis the respiration becomes abdominal, and the tympanitis ceases. As soon as narcosis is over and the abdomen begins to protrude, the first four or five inspirations are abdominal. None of these inspirations were followed by an expiration. The abdomen did not sink in; on the contrary it increased in size till the former circumference was reached which it had before narcosis. It remained during respiration immovable. In other words, the diaphragm did not relax and respiration then became suddenly exclusively costal. Percussion showed, with tympanitic abdomen a low position of the diaphragm and lungs (axillary line on both sides, tenth rib), during narcosis; when the abdomen was sunk, seventh rib. Just as in any other muscular spasm, so also this spasm of the diaphragm is not permanent, hence the abdomen sinks in during sleep, and sometimes also during the day. As soon as a manual examination of the stomach is made, the spasm of the diaphragm increases and with it the circumference of the abdomen. In two other hysterical women, the same observations were made with the same results.—*Centralbl. f. Nervenheilkunde*, 8, 1886.

A CASE OF ARSINE POISONING WITH RECOVERY, by Dr. Coester, Ziebrich.—November 29th, 1884, 5 P.M., I was called to a workman in an anilin manufactory. He was of rather delicate structure, about 45 years old, liable to bronchial catarrh and he complained of rather severe abdominal pains and constipation. Temperature was somewhat raised, pulse moderately accelerated. He received a purgative and some doses of Morphine.

When I saw the patient the next morning there could be no doubt of Arsine poisoning. The urine which patient passed during the night contained large quantities of hæmaglobin. A considerable icterus had appeared; patient vomited during the night and had several pultaceous stools. He complained of severe headache and a sensation of pressure and pains when the renal region was touched. The quantity of urine passed during the night was about 2000 c.c.m. The urine had a deep brown-black color and contained considerable hæmaglobin; microscopical examination revealed a total absence of blood-globules; the feces had the usual brown color. The patient could not tell how the intoxication happened; he ate his dinner with his usual appetite, worked afterwards, and only went home after feeling very unwell; though he worked in the same room for the last twelve years, and used every usual precaution, he could not explain how it happened. From November 30th to December 9th, the temperature oscillated between 38.2 and 37.3°. During that time enlargement of liver and spleen set in, which, with the icterus, passed off in six days; the sensorium remained perfectly free; he only complained for some time of headache and dulness in the head, off and on of severe shooting pains in the thighs. This case, so much alike to a fatal case from arsine poisoning, differed only in this: that in the fatal case there was perfect anuria, whereas in the case which recovered the urine flowed freely. The urine discharged on the first day was about 2000 gr., and increased up to 4500 by the sixth day. The urine of the first day contained the largest quantity of hæmaglobin and was nearly dark. It became lighter day by day. Acidum sulfuricum dilutum 5.0, Menel. salep

180.0, Syr. 15 was the antidote applied. Still it took fully four weeks till he was able again to attend to business. In the fatal case changes in the kidneys must have taken place which suppressed all secretion. The icterus observed in both cases is hæmatogenous. The hæmaglobinous urine was examined by Professor Fresenius, and arsine shown in it.—*Berlin. Klin. Wochenschr.*, 13, 1886.

THE JAW-JERK.—Under this name, DeWatteville describes a phenomenon analogous to the knee-jerk. As the extensor muscle of the leg when suddenly stretched contracts by a sharp tap on the tendon, so the masseter and other muscles of mastication contract when similarly excited by an extensible impulse. The latter is best imparted by applying a flat object, such as the handle of an ivory paper-knife on either side of the jaw, and using an ordinary percussion hammer to strike the required blow. The jaw should not be fixed by any voluntary muscular contraction and the blow should be struck as near the teeth as possible. The jaw-jerk is exaggerated in many cases of disease and may even pass into a regular clonus.—*Brain*, January, 1886.

THE THIRD CORPUSCLE OF THE BLOOD IN DISEASE.—The subject of Dr. Osler's first Cartwright lecture was the third corpuscle of the blood, or the blood plaque. Speaking of changes in it by disease, he gave the general results of his observations as follows: 1. The plaques are increased in all chronic wasting maladies—cachexia—with or without fever. Debilitated individuals the subjects of phthisis, cancer or other chronic wasting diseases, present a marked increase. 2. In acute sthenic fevers, the plaques are not increased in the early stages, but as the disease advances and the patient becomes weaker and more debilitated, an increase is usually marked. 3. In the so-called blood diseases, the number of the plaques is variable. Many observers have remarked the great numbers in certain cases of leukæmia, but in others the increase is not apparent. So also in lymphatic anæmia. In some cases of Hodgkin's disease Dr. Osler has seen the plaques in extraordinary numbers. In profound anæmia, the plaques may be very scanty.—*Medical News*, April 3d, 1886.

A NEW METHOD OF TESTING TACTILE SENSIBILITY IN UNILATERAL BRAIN LESION.—In unilateral brain lesion a partial hemianæsthesia is often present which may be overlooked. If the slightly anæsthetic side is touched, the patient says he feels the touch, and is sometimes unable or unwilling to admit a difference in the sensation between this and the unaffected side. Oppenheim finds, that in these cases if the patient's eyes are covered and the symmetrical spots on the body or limbs are touched at once on both sides, he will perceive the touch on both sides if no anæsthesia is present, but on the unaffected side only, if the other is slightly anæsthetic.—*Medical News*, May 22d, 1886.

COCAINE IN LABOR.—Dr. Doleris reports fifteen cases of primipara in which cocaine was used generally in the form of an oleate 4:100. With the exception of two cases good results were always obtained. It was applied to the cervix during the first stage, or about the vulva and perineum during the expulsion of the head. In thirteen of the cases, the pain was almost entirely relieved. Irrigation of corrosive sublimate had been used in the two unsuccessful cases, and a portion of the fluid retained, which Dr. Doleris thought interfered with the action of cocaine. He did not think that the uterine contractions were diminished any by it, but rather that the expulsive stage was shortened, as the patients suffered so much less, they could bring the abdominal muscles into play and bear down to much better advantage.—*Archives of Gynecology*, April, 1886.

A LITTLE-RECOGNIZED SOURCE OF UREA.—While admitting that the specific gravity of urine is a gauge of the urea present in it, the higher the specific gravity, within limits, the greater the amount of urea, yet this is not, Dr. Thomas Oliver says, absolutely correct; and also, while the digestion of nitrogenous food is a great source of urea, it is not always so, and particularly is this noticeable when the liver is at fault. In one of his cases of splenic and hepatic disease watched for several months, a greater amount of urea was thrown off by the kidneys when the patient was upon milk than meat diet. Another thing to be noticed is, that the color of the urine is a better indication of the amount of urea present than the specific gravity. A deep amber-colored urine always contains a large amount of urea. As the coloring-matter of the urine is a derivative of the biliary coloring-matter, and this again of the hæmoglobin, Dr. Oliver feels that he is in a position to show that the coloring-matter of the blood itself is one of the sources of urea. Red corpuscles are broken up in the liver, and the hæmoglobin goes to form bile coloring-matter, and that again urobilin. The rest of the protoplasm of the blood-corpuscles becomes converted into urea to a very large extent. In anæmia the urine is pale in color, its specific gravity diminished, and its urea deficient. It appears to Dr. Oliver that this deficiency is, supposing the kidneys to be sound, always traceable either to a permanent diminution in the number of red blood-cells, as in anæmia and cachexia, or that it depends upon some imperfect transforming power on the part of the hepatic cells. Dr. Oliver does not agree entirely with the statement that the amount of urea is increased by rapid breaking up of the nitrogenous tissues of the body. No disease causes a more rapid diminution of body-weight than does phthisis, and yet there is a notable decrease in the amount of urea eliminated. Just as the terminal stage of the disease is reached, the amount of urea is increased. At the same time that the urea increases, the patient becomes distinctly paler, and an examination of the blood reveals marked reduction in the number of red blood-cells. In such cases, no urea was formed out of the products of tissue degeneration; but towards the end of the disease, when the blood-cells were being rapidly disintegrated in the liver, the urea rose accordingly. The rise of temperature does not always explain the increased elimination of urea in fevers. It is admitted that even before the thermometer shows a rise of temperature in the early stage of fever, an examination of the urine always shows a very marked and sudden increase in the amount of urea eliminated; more than this, during the height of the fever the urea diminishes, to rise again during convalescence. In lead-poisoning, no sooner is the peculiar anæmic condition developed, than the elimination of urea falls. In the early stages of cancer, when the cachexia is forming and red blood-corpuscles are being rapidly disintegrated, urea is increased. In the fully developed cachectic condition the amount of urea diminishes. Dr. Oliver, then, believes the liver to be the chief organ concerned in the formation of urea, and that, while urea may be formed within it out of leucine and tyrosine, he is more than convinced that a great part of it is formed out of the red blood-corpuscles, the coloring-matter of which goes to form bilirubin, and afterwards urobilin, and the greater part of the rest of the corpuscles to form urea.—*British Medical Journal*, May 15th, 1886.

A METHOD OF APPROXIMATING THE EDGES OF WIDELY-GAPING OPERATION WOUNDS—In excising the female breast for cancer, it is especially essential to make our incisions very wide of the visible disease; otherwise, recurrence in or about the cicatrix may safely be predicted—a phenomenon which denotes a too meagre operation, whether unavoidable or not. The surgeon, in carrying out this object, is frequently compelled to make a widely-gaping wound, the edges of which it would seem, at first sight, impossible to approximate. Herbert Snow has found the following plan, which

utilizes the natural elasticity of the skin, very useful in such cases. He first inserts three or four silk interrupted sutures, making the needle enter and emerge from the skin a long distance from the wound (three inches or more), and tie these as tightly as possible. He then introduces a similar row of shorter ones, making the needle enter and emerge at about two inches distant from the wound; and then a third series still shorter. By this time, the edges of the skin-incision are brought so closely together that a continuous horse-hair suture will serve to unite the whole length of the wound. The first and second rows of long sutures are now removed, having become flaccid and useless; but a few of the third are retained, whenever there is any marked tension, for twenty-four hours—not longer. By this means, it is often possible to procure union by first intention in a wound which would otherwise take months to heal by granulation.—*Br. Med. Journ.*, May 22d, 1886.

News, Etc.

PERSONAL.—Dr. George W. Stewart has located at 1804 Spruce Street, Philadelphia, and

Dr. Richard Bewley, at Port Norris, Cumberland County, New Jersey.

Dr. W. H. H. Neville has removed to N. E. cor. Nineteenth and Wallace Streets, Philadelphia.

PENNSYLVANIA STATE HOMŒOPATHIC MEDICAL SOCIETY will hold its twenty-second annual session at Philadelphia, September 20th, 21st, 22d, and 23d, 1886. The place of meeting was changed from Pittsburgh to Philadelphia by unanimous vote of the Society, in response to an invitation from the Faculty of the Hahnemann Medical College, and the Philadelphia County Society.

THE INDIANA INSTITUTE OF HOMŒOPATHY.—The twentieth annual session of the Indiana Institute of Homœopathy opened at Plymouth Church, Indianapolis, May 25th, with prayer by Rev. O. C. McCulloch. The Secretary, Dr. William B. Clark, of Indianapolis, read the minutes of the last year's session, and Dr. Haynes, the Treasurer, made his report, showing a balance on hand of \$14. Among the physicians present from other States were Drs. J. H. Buffum, Henry Sherry, H. C. Allen, E. Lippincott. Dr. Runnels, of Indianapolis, spoke of the doings of the National Society at St. Louis last summer. Dr. Sherry's description of the Cook County Hospital was especially interesting. There are facilities for 750 patients, and of those admitted the homœopaths get every fourth case that arrives.

The Secretary, Dr. W. B. Clark, made some stirring remarks about the necessity of stimulating the *esprit de corps* of the profession throughout the State, and a committee on the subject was appointed. Six new members were elected: Drs. W. A. Dunn, Wabash; A. C. Ackerman, Lafayette; William Rowley, Indianapolis; F. W. Shellase, Tell City; J. F. Thompson, New Castle; P. B. Morgan, Connorsville.

In the afternoon the President's address was delivered by Dr. John Taylor, of Crawfordsville. The following is an abstract of it: Homœopathy had early attracted to itself men of intellect, industry, and purity of motive, and that men of intellect, education, and influence became patrons of the school, and active in the propagation of its teaching, was a natural consequence. California, he said, has recently put her institutions for the deaf, dumb, and blind under the superintendency of a homœopathic physician; so, also, her Home for Feeble-Minded Children. A homœopathic

hospital has lately been completed at Melbourne, Australia, at a cost of \$75,000, and provided with all the modern appliances for carrying out the treatment peculiar to the school. The National Homœopathic Hospital, the association for the building of which was incorporated in 1881, with the Hon. Montgomery Blair as president, has recently been opened and dedicated. It is said to be the best arranged hospital in the District of Columbia, and will comprehend a training school for nurses, a free dispensary, lying-in wards and a course of medical lectures. Congress appropriated \$15,000 to aid in its completion, thus recognizing in a substantial manner the claim that the school has upon the Nation. Massachusetts has appropriated \$180,000 for the purpose of carrying on the homœopathic treatment of the insane. After a stiff fight in the legislature, Ohio has appointed a homœopathic physician to have medical charge of the State Penitentiary. In conclusion, he said that "if there exists to-day a body of individuals who, saving one another, is most indebted for all increase in freedom of action, numbers, and power, to free speech and a free press, that body is the homœopathic profession. Whenever bigotry in sect or tyranny in office has sought an unfair advantage over the young truth-clad champion of the sick, a free press has declared for a fair field and a combat upon equal terms, and would have nothing less. When the shackles were sought to be imposed by the enactment of special laws, free speech has been heard in denunciation, and the machinations of the enemy have proven but arrows that have broken in twain in mid flight and but injured the hands that loosed them. With such generous helps we have grown to 10,000 practitioners, and have undergraduates with all the appliances that should pertain to a school in medicine. When we look abroad and see how our brethren have been fettered by laws that have their roots in fendal privilege, had their efforts fall spent upon formulas and wiggeries in high places, we extend to them our heartfelt sympathy, but turn with ever increasing devotion and loyalty to our own land—child of Providence no less in this than in other things—where the seeds of all truth may be sown with hearty approvals to quicken the step of the sower and widen the arc through which his hand sweeps."

Dr. J. H. Buffum, of Chicago, followed with a paper on "Nasal Reflexes," being an interesting description of how nasal growths cause eye and head troubles, and how such conditions should be treated.

He was followed by Dr. Henry Sherry, of the Cook County Hospital, Chicago, with a paper detailing a case of bone disease requiring amputation above the knee, resulting in recovery.

Dr. Lippincott then read a long paper on "Hay-Fever," which was highly commended, especially by Dr. Allen, who had made special study of this trouble, who also detailed his successful methods of dealing with it. Dr. Runnels also spoke briefly of this paper, and thought that the use of narcotics predisposed to a nervous condition peculiarly liable to the disease.

Evening Session.—Dr. F. H. Huron, of Danville, read a paper on "Carduus Marianus and Verbaseum," detailing their uses. This paper was discussed by Drs. Hockett, Clarke, Runnels and Sherry, after which, Dr. Boyd read a paper on "Dynamization, the Stumbling-block to Homœopathy," illustrating the subject with many familiar and interesting facts in chemistry, physics and medicine, all tending to show the scientific foundation of homœopathy.

At the opening of the second day's session, the secretary read a paper, contributed by Dr. Clifford Mitchell, Professor of Chemistry in the Chicago Homœopathic Medical College, on the subject of "Testing for Sugar in the Urine." The paper clearly set forth the points of value of the Fehlings test solution, as well as the sources of error in its ordinary use. Dr. Boyd made interesting remarks on the paper, chiefly from a chemical standpoint, and Dr. Sawyer expressed regret that the subject of the treatment of the disease was not given space. Dr. Clark referred to the remedy Sisygium,

introduced by Dr. W. H. Burt, of Chicago, a year ago, and the cures credited to it, and took pleasure in recording two apparent cures of diabetes with it in his practice.

Dr. William B. Clark, of Indianapolis, then read a paper that proved to be most interesting and carefully prepared, written by himself, on the subject of "The Oxygen Treatment" in debilitated conditions and lung troubles. It was received with applause, and a special vote of thanks was tendered its author. Drs. Boyd and Runnels thought highly of the treatment, in conjunction with appropriate medication, and several cases of cure of serious lung troubles were cited.

Dr. O. S. Runnels then read a paper on "Twenty-five Cases of Uterine Surgery Under Cocaine," in which the efficacy of cocaine as an anæsthetic in several cases of surgical operations was clearly set forth. The paper received much commendation, chiefly by reason of its eminently practical character.

Dr. J. C. Nottingham, of Bay City, Michigan, was introduced as a delegate representing Michigan, and made a few felicitous remarks concerning the state of homœopathy in Michigan.

Dr. J. S. Martin, of Muncie, read a paper on "Chronic Inflammation of the Middle Ear," detailing successful treatment of a severe case, and remarks concerning treatment of these cases were made by Drs. Taylor, Runnels, Dunn, Clarke, Huron and Lippincott.

Dr. J. D. George, of Franklin, presented a paper on a singular case that occurred in his practice. He was called, and found what he supposed was an umbilical hernia in a lady. That evening, he was taken very sick, and had to abandon business several days. This patient fell into other hands, and died in a few days. The singular part about it was that three other physicians made the autopsy, but the condition found was so singular that the three physicians' reports were all different. He asked what the trouble was, a question the Institute decided to be too difficult to answer, especially as the doctors who made the autopsy could not decide it.

Dr. J. S. Mitchell, of Chicago, contributed a paper on "Tubercular Peritonitis." He cites two cases of the trouble—one in hospital and one in private practice. A remarkable fact about one was that it proved fatal, apparently ran its full course, in three weeks. The treatment of such cases is always unsatisfactory and of little use except palliatively. Stress was laid on the similarity of this disease to typhoid fever at times, and the importance of not mistaking one for the other was shown.

A letter from Dr. T. M. Strong, Superintendent of the Ward's Island Hospital, New York City, regretting inability to be present, was read, and many names of others in the same strain were enumerated, and a congratulatory telegram was received from the Missouri Homœopathic Society, in session at Kansas City, through Dr. M. T. Runnels, which was properly replied to by telegraph.

Delegates to the American Institute of Homœopathy, which meets at Saratoga in June, were appointed as follows: E. W. Sawyer, Kokomo; Z. Hockett, Anderson; J. R. Haynes, Indianapolis, and J. A. Compton, Indianapolis.

The election of officers for the ensuing year resulted: *President*, J. A. Compton, Indianapolis; *First Vice-President*, Z. Hockett, Anderson; *Second Vice-President*, J. R. Haynes, Indianapolis; *Treasurer*, J. S. Martin, Muncie; *Secretary*, William B. Clark, Indianapolis.

After the transaction of routine business, and extending to Secretary Clark a vote of thanks for his services during the past year and meeting, the session adjourned till next May.

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RHUS TOXICODENDRON.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

(From an extemporaneous Lecture, phonographically reported.)

THE drug of which I wish to speak this morning, is the chief member of the Anacardiaceæ, namely, the poison ivy or *Rhus toxicodendron*. You must remember it as complementary to Bryonia, a fact discovered by Hahnemann in his experience with an epidemic of war typhus, during which he treated many cases, losing but two; the success which he then gained was acknowledged on all sides. Many lives have since been saved by the exhibition of these two remedies in alternation; *i.e.*, an alternation which consists in giving Bryonia when Bryonia symptoms are present, and Rhus tox., when the patient manifests symptoms calling for that remedy. This is a legitimate alternation. We must also remember a fact of which I have spoken before, but which is so important that I here reiterate it, namely, that *Rhus tox. bears an inimical relation to Apis mellifica*. Although the symptoms of the two are superficially similar, for some reason which I cannot explain, they do not follow each other well.

We find Rhus tox. forming the centre of a very large group of medicines. If we were to study them all comparatively, it would take several hours. For example, holding as it does important typhoid relations, it has radiating from it many drugs employed in typhoid states of disease. Bryonia, as I have already said, stands close to it. Then we have diverging in another radius *Arsenicum*, in still another *Muriatic acid*, *Phosphorus*, *Carbo veg.*, etc., with *Baptisia* and quite a number of others.

This table, representing the action of the remedy, has been placed on the board for your guidance in its study.

Rhus Tox. ↓ V Bryonia	{	1. Blood—heart; pulse. Typhoid symptoms.
		2. Fevers—Intermittent, etc.
		3. Fibrous tissues—Aponeuroses, etc. Cellulitis. Over-exertion.
		4. Skin—Eruptions. Erysipelas.
		5. Mucous membranes.— Influenza. Diarrhœa.
		6. Organs.

First we will study the action of *Rhus tox.* on the circulatory system. We find that it causes an erythism, an increase in the circulation or, in other words, ebullitions of the blood. It acts on the central organ of the circulation, the heart. Thus we find it indicated in uncomplicated hypertrophy of that viscus, *i.e.*, hypertrophy not associated with valvular lesions. From what cause? From the effects of over-exertion, as may frequently happen in athletes and in machinists who wield heavy tools. Other remedies useful in this condition are *Arnica* and *Bromium*. These remedies, when indicated, must be given persistently for days and even weeks, until you have succeeded in bringing about a proper absorption of the surplus cardiac muscular fibres. We also find *Rhus* indicated in palpitation of the heart, following over-exertion. When *Rhus tox.* is the remedy in heart disease, you usually find accompanying the disorder a sensation as of numbness of the left arm and shoulder. The patient experiences a weak feeling in the chest, as if the heart muscle was tired. This is worse after any exertion. Palpitation may be felt even when he is sitting still.

Aconite has tingling in the fingers in association with heart disease. The fingers feel as if they were going to sleep. Anxiety is always present with this drug.

So too with *Kalmia*, which has the same symptom in the left arm, with cardiac affections.

Pulsatilla has numbness particularly about the elbow, very frequently with hypertrophy or dilatation of the right ventricle.

Actea racemosa has the sensation as though the arm was bandaged tightly to the body.

Phytolacca, however, affects the right side of the body. It has the same sensation in the right arm that Aconite, Kalmia and Rhus have in the left.

Now for the pulse of Rhus tox.; Rhus produces a depression of the system, hence, its pulse is not apt to be full and strong as we find under Aconite. The pulse is accelerated, but with this acceleration there is apt to be weakness of its beat. At other times, it is irregular or even intermittent; all these are characteristic of Rhus tox. With these different kinds of pulse we often find the numbness of the left arm which I have just mentioned.

Let us next take the typhoid symptoms of Rhus; by which term I mean typhoid-like symptoms, symptoms which indicate sinking of the vital forces such as appear in diseases assuming a low type. Other things being equal, you may rely on Rhus whenever acute diseases take on a typhoid form. You will find that dysentery assuming this form may call for it. You will find the same to be true for peritonitis, pneumonia, scarlatina and diphtheria under similar conditions and when no other remedy is positively indicated. Rhus must, therefore, act on the blood, poisoning that fluid.

The symptoms which indicate it in typhoid fever proper are these: In the first place, the temperament helps you a great deal. The patient is of a rather mild temperament. The delirium is of a mild character, and not violent. At times, it is true, the patient may exhibit a disposition to jump out of bed or to try to escape, but when he is more or less conscious, he manifests little petulance or irritability. It is not, then, a violent anger that characterizes Rhus tox. You will notice that this delirium is associated with restlessness, not only mental, but physical as well. The patient constantly tosses about the bed. He is first lying on one side of the body, then on the other. At one moment he is sitting up, during the next, he is lying down. You observe then a constant desire to move and it is even possible that the patient is relieved by the change of position. Sometimes we find exceptionally in the beginning of the disease that the patient wants to lie perfectly quiet. This on account of great weakness. He feels perfectly prostrated. He is indifferent to everything. This sense of debility is entirely out of proportion to all the other symptoms. Sometimes the patient has hallucinations. He fears that he will be poisoned. He will not take the medicine

you leave him or the food and drink that is offered him as he fears that his attendants desire to poison him (*Hyoscyamus* has this symptom even more marked than *Rhus tox.*). As the stupor progresses, the patient answers very slowly as if reluctantly or else in an impetulant way; but he is not violent. He has violent headache, the pain of which he compares to a sensation as of a board strapped to the forehead. This is often associated with a rush of blood to the head, as shown by sudden flushing up of the face. He has epistaxis, and this relieves the headache. The blood that escapes is dark in color. The typhoid poison may affect the lungs and produce pneumonia with the usual cough attending that affection, difficult breathing, rust-colored sputum; with all these symptoms you find the tongue dark-brown, and dry and cracked. The cracks gape considerably and even bleed at times. Sometimes the tongue and mouth are covered with a brownish, tenacious mucus. At other times, you find the tongue taking the imprint of the teeth. Now, let me beg of you not to give Mercury. Mercury has very little application to typhoid fever; it will spoil your case unless decided icteroid symptoms are present. The tip of the tongue (I am again speaking of *Rhus*) very often has a triangular red teat. There is disturbance of the stomach and bowels. The patient has diarrhoea with yellowish-brown stools of a cadaverous odor. Stools may come involuntarily during sleep. The urine escapes involuntarily and sometimes leaves a reddish stain. The patient complains of tearing pains in the limbs with almost intolerable backache. If he falls asleep, he is restless and he dreams of roaming over fields and undertaking arduous labors. Sometimes (like *Bryonia*) he dreams of the business of the day.

Aurum, *Causticum* and *Aurum mur.*, also have this restlessness of the limbs, worse at night. The surface of the body is dry and hot, and often redder than natural. Sometimes red spots will be found on the skin. If he has sweat, it is copious and sour smelling and is accompanied by a miliary rash. The abdomen is tympanitic; and it is especially sensitive over two important points, the right iliac region and the region of the spleen, which organ, by the way, is swollen. Finally, the stools become scanty and greenish and without tenesmus. In women, a uterine hæmorrhage may appear, but this gives no relief to the symptoms. Symptoms of pulmonary congestion appear. Râles are heard all through the chest. Especially is the trouble marked in the lower lobes of the lungs. The cough is at first dry and then becomes more frequent and loose

with expectoration of blood-streaked sputa. These, then, are the main symptoms which lead you to prefer *Rhus* in the treatment of typhoid fevers. Very briefly let me show you how it may be distinguished from its concordant remedies; and, first, I will speak of some of the remedies that may follow *Rhus tox.*

Phosphorus follows *Rhus* well when the pneumonic symptoms have failed to yield to that remedy; and when the diarrhœa continues. The stools are yellow and blood-streaked, sometimes looking like "flesh-water."

Arsenicum is to follow *Rhus* in the erythistic form of typhoid fever. Notwithstanding the terrible prostration, the patient is still irritable and anxious, even to the last hours of life. The profound weakness continues, the mouth grows blacker and the diarrhœa persists, notwithstanding *Rhus*. Here let me give you a word of caution. Beginners are too apt to give *Arsenicum* too soon. If this is done, they only hasten the troubles that they are endeavoring to prevent. *Arsenic* is an excellent remedy when indicated, a horrible one when misused. I, therefore, say, do not give it early in the course of typhoid affections, unless the symptoms clearly call for it. Like *Rhus*, *Arsenicum* has restlessness, prostration and prominent abdominal symptoms. Thirst is intense. Pains are of a burning character. The stools are dark-brown, offensive and bloody and more frequent after midnight.

Muriatic acid is also useful in the erythistic form. It has many symptoms in common with *Rhus*. It is to be preferred when the decomposition is still more evident; the prostration is great; the patient being so weak that he slides down toward the foot of the bed. The stool and urine escape involuntarily.

But we also find *Rhus* similar to remedies which suit the torpid form of the disease. Foremost in this list is *Carbo veg.* The *Rhus* patient often runs into a *Carbo veg.* state when he lies perfectly torpid, without sign of reaction. The limbs are cold, especially the legs from the feet to the knees, and are covered with a cold sweat. The pulse is rapid and with little volume. The discharges from the bowels are horribly offensive.

Still another remedy is *Baptisia*. This is indicated when we have, as under *Rhus tox.*, brown or blackish coated tongue, and well marked fever. The face presents a dark-red, besotted look like that of one intoxicated. The discharges from the bowels are dark, fluid and very offensive. The patient is

drowsy and stupid, he goes to sleep while answering questions, or he is restless, tossing about the bed with the illusion that he is double or is scattered about and he must try to get himself together again. He complains of the bed feeling too hard. The tongue is often studded with aphthous ulcers.

Arnica and *Baptisia* both have a drowsy stupid state, the patient complains of the bed feeling too hard, and goes to sleep while answering questions. But, under *Arnica*, there is complete apathy; ecchymoses and bed-sores appear on the body. *Arnica* also has involuntary stool and urine; and, if the lungs are affected, the sputa are bloody.

Phosphoric acid follows well after *Rhus* when there is increased debility or prostration with perfect apathy. The stools are bloody and slimy. Nose bleed, when it occurs, brings no relief.

Taraxacum should also be borne in mind. Bœnninghausen's son was taken with typhoid fever and was attended by his father. Among his symptoms, was the restlessness I mentioned as characteristic of *Rhus tox.*, yet that remedy gave no relief. Looking up the materia medica, Bœnninghausen found that *Taraxacum* had this same restlessness of the limbs and with tearing pains, and in addition it also had a symptom which was present in his son's case, mapped tongue. He gave *Taraxacum* with prompt result.

The indications for *Bryonia* in typhoid states, I will defer till next week, when I lecture on that drug in detail.

Next we see disturbances in the circulation produced by *Rhus* exhibited in another form of fever, namely, intermittent fever. *Rhus* is suitable for intermitting types of fever when the chill begins in one leg, usually in the thigh. In some cases, it starts between the scapulæ. (It is very important to always note the point at which the chill starts in this disease. Under *Natrum mur.* and *Eupatorium* it begins in the small of the back; under *Gelsemium*, it runs up the spine.) During the chill there is a dry, teasing cough, which symptom you will also find under *Cinchona* and *Sulphur*. Along with the external chill, there is internal heat. Thirst is absent. Often, too, we find skin symptoms, as urticaria and fever blisters, the latter being situated about the mouth. The sweat is very general, excepting about the face.

We now come to the study of the action of *Rhus* on the fibrous tissues. Allow me to include under this head, the aponeuroses and tendons of muscles, the ligaments about joints and the connective tissue. No remedy has a more profound

action on the fibrous tissues than has *Rhus tox.* First of all, I will speak of its action on the tendons of muscles. We find *Rhus* useful whenever these tendons are inflamed, whether it be from over-exertion or from a sudden wrenching as in the case of a sprain. We find, also, that we may give *Rhus* in many affections arising from over-exertion. For example, if a musician from prolonged performing on wind instruments suffers from pulmonary hæmorrhages, *Rhus* will be his remedy. If from violent exertion, he is seized with paralysis, his trouble may yield to *Rhus tox.*

Let me here speak of a few other remedies applicable to the bad effects of over-exertion, in order that you may differentiate them from the drug which is the subject of this lecture.

Arnica acts more on the muscular tissue than on the ligaments. Hence, we would find it indicated, when as a result of long exertion, there is a great soreness of the muscles. The patient feels as if he had been pounded. It has not that strained feeling of *Rhus*. When a joint is clearly sprained, *Arnica* is not the best remedy, unless there is considerable inflammation of the soft parts other than the ligaments.

Arsenicum is to be thought of for the effects of over-exertion, particularly if that exertion consists in climbing steep hills and mountains. Here you have the effects of breathing rarefied air as well as those of the exertion.

The general characteristic, however, which helps you to decide for *Rhus* in all these cases is this: *The patient has relief of his symptoms by continued motion, while he experiences aggravation on beginning to move.* The reason for this symptom is that the fibrous tissues become limbered up as the patient continues to move.

I may say that there is somewhat of an exception to this characteristic, and that is in that painful disease known as lumbago. I find that in the beginning of this affection *Rhus* is the remedy, whether the patient is better from motion or not. The symptoms calling for *Rhus* are great pains on attempting to rise, stiff neck of rheumatic origin from sitting in a draught, rheumatic pains in the interscapular region, better from warmth and worse from cold. There may also be constrictive pains in the dorsal muscles, relieved from bending backwards.

Sulphur also has rheumatic pains with stiffness in the lumbar region, with sudden loss of power on attempting to move.

Petroleum and *Ruta* are useful when these rheumatic pains in the back are worse in the morning before rising.

Under *Staphisagria*, the lumbar pains compel the patient to get up early.

Kali carb. has sharp pains in the lumbar region, worse at 3 A.M., and compelling the patient to get up and walk about. The pains shoot down the buttocks.

Ledum has pain in the back, which may be compared to a feeling of stiffness after sitting still for a long time. There is a crampy pain over the hips in the evenings. In the morning the feet are stiff and rigid.

Valerian causes, and therefore will cure, violent drawing, darting, jerking pains in the limbs, which appear suddenly. They are worse from sitting and better from motion. The patient also has a strained feeling in the lumbar region, subject to the same modality as the pains in the limbs.

In rheumatism, *Rhus* is indicated, not so much in the inflammatory form as in the rheumatic diathesis, when the characteristic modality just mentioned is present, and where there is aggravation during damp weather, or from dwelling in damp places. Another peculiarity of *Rhus* is that prominent projections of bones are sore to the touch, as, for example, the cheek-bones. This shows you that *Rhus* affects the periosteum. Still another characteristic is that the patient cannot bear the least exposure to cool air.

Rhus may also be used for either horse or man when the patient from exercise has become warm and has been in a free perspiration, which has been checked by rain or dampness.

In these various rheumatic affections, I wish you to compare first, *Anacardium*, which has a stiff neck, worse from beginning to move.

Conium has worse from beginning to move, but relief from continued motion.

Under *Lycopodium* and *Pulsatilla* the relief is from slow motion.

Ferrum has neuralgic and rheumatic pains, relieved by slowly moving about at night.

Rhus radicans also has the drawing, tearing pains in the legs. It has also rheumatic pains in the back of the head. It is useful in pleurodynia or false pleurisy, when the pains go into the shoulders.

Kalmia latifolia has tearing pains down the legs, without any swelling, without fever, but with great weakness. You see that it here resembles *Colchicum*.

Rhododendron has great susceptibility to changes in the weather, particularly to changes to cold winter weather, and

to electric changes in the atmosphere. The rheumatic pains in the limbs, like those of *Rhus tox.*, are worse during rest. *Rhododendron* is particularly useful in chronic rheumatism, affecting the smaller joints. It is one of the best remedies for what has inaptly been termed gout, when there is a fibrous deposit in the great toe-joint, and not the usual deposit of urate of soda.

Ledum is an invaluable remedy in gout and in rheumatism affecting the smaller joints. The pains characteristically travel upwards. There are nodes about the joints. In gout, *Ledum* is useful when the pains are worse from the warmth of the bed; when there is an œdematous condition of the feet; when *Colchicum* has been abused, and the patient has become greatly reduced in strength by this asthenic remedy. You will find that both *Ledum* and *Colchicum* cause acute tearing pains in the joints, with great weakness of the limbs, and numbness and coldness of the surface.

You note from the schema on the board that *Rhus* has an action on the cellular tissue. It is useful in cellulitis, in that accompanying diphtheria, in orbital cellulitis with the formation of pus. Herein lies a positive distinction between *Rhus* and *Apis*, which *never* produces cellulitis with abscess.

In *carbuncle*, another form of connective tissue inflammation, *Rhus* is indicated in the beginning, when the pains are intense and the affected parts are dark-red. If given early, *Rhus* may abort the whole trouble. If not, you may have to resort later to *Arsenicum*, *Carbo veg.*, or even *Anthracinum*.

Rhus has a most remarkable action on the skin. It produces an erythema, this rapidly progressing to vesication, often accompanied with œdema and with the final formation of pus and scabs. The cutaneous surface about the eruption is red and angry-looking.

Rhus is indicated in *eczema*. If the face is attacked, there is œdema of the loose cellular tissue about the eyelids, with pains which we may denominate burning, itching, and tingling, to make a nice distinction between it and *Apis*, which has burning and stinging pains.

Rhus gives us also a perfect picture of vesicular erysipelas. The structures for which this drug has a special affinity, are the scalp and the skin of the face, and the genital organs. The affected parts are dark-red, and the inflammation (in the sick), travels from left to right.

The erysipelas of *Apis* travels from right to left; the

affected parts are rosy-red, pinkish, or dark-purple. Thirst is absent. Apis requires the presence of œdema.

In scarlatina, Rhus is indicated, especially in the adynamic forms, and should very quickly supplant Belladonna when these symptoms appear. The child grows drowsy and restless. The tongue is red and sometimes smooth, a very unusual symptom in scarlatina. The fauces are dark-red and have a peculiar œdematous appearance. The cervical glands are enlarged, and there may be enlargement of the left parotid. There may even be impending suppuration of these parts. The cellular tissue about the neck is inflamed, so that the cutaneous surface here has a dark-red or bluish erysipelatous hue. If the child is delirious, the delirium is always mild. The eruption does not come out fully, but when it does appear it is of a dark color, and is apt to be miliary. Rhus, you see, thus acts on the vital forces. It depresses the sensorium, as shown by the drowsiness and mild delirium. The secretions are altered, becoming acrid. Not only the cervical glands, but the glands in all parts of the body may become enlarged, and especially those of the axilla. The body is emaciated, and the patient grows weaker.

Lachesis and *Ailanthus* follow Rhus well in this condition, but they give an even more adynamic picture. *Ailanthus* is especially indicated when the skin is covered with a scanty dark bluish rash. The throat inside is swollen. The cellular tissue of the neck is infiltrated. There is excoriating nasal discharge. The child is drowsy and stupid.

Arum triphyllum is similar to *Ailanthus* in that it has the excoriating coryza. The corners of the mouth are sore, cracked, and bleeding. The saliva even is acrid. The child is irritable and restless. (See lecture on *Araceæ*).

Belladonna also has this enlargement and induration of the axillary glands, but it is not often thought of in this condition. It is especially useful for this symptom occurring in females at the climaxis.

In *variola*, you will find Rhus indicated when the pustules turn black from effusion of blood within, and when there is diarrhœa with dark bloody stools.

In *eczema* you should compare with Rhus, *Mezereum*, especially in scrofulous cases when hard, thick crusts form, and these crack and ooze copiously of pus. Itching is most intense at night when the patient is warmly wrapped up. Sometimes pimples surround the main seat of the disease.

Nux juglans is one of our very best remedies in *tinea favosa*,

especially when it occurs on the scalp and behind the ears. Itching is intense at night, so that the patient has difficulty in sleeping. Scabs appear on the arms and in the axilla.

In scarlatina, compare *Calcarea ostrearum*. The parotid glands become affected. The rash recedes, leaving the face puffed and pale.

We next study the action of *Rhus* on the mucous membranes. It produces a copious coryza with redness and œdema of the throat. It is indicated in *influenza* with severe aching of all the bones, sneezing and coughing. The cough is dry in character, and is worse from evening until midnight (*Mezereum* has the same modality with the cough), and from uncovering the body. Especially is *Rhus* indicated when the trouble arises from exposure to dampness.

In diarrhœa calling for *Rhus*, the stools consist of blood and slime mixed with reddish-yellow mucus. Thus you see that it is of a dysenteric character.

With this character to the stool, *Rhus* is indicated in dysentery when there are tearing pains down the thighs during defecation.

In other abdominal inflammations assuming a typhoid type, *Rhus* may be indicated as I have already said, whether that affection be peritonitis, enteritis, typhlitis, perityphlitis, or metritis. In diseases of the puerperal state, *Rhus* is a capital remedy when the symptoms are of a typhoid type.

There is a *colic* curable by *Rhus*. It may or may not be of rheumatic origin. This colic is relieved by bending double and moving about. It thus differs from *Colocynth*, which has relief from bending double.

Now, the head symptoms of *Rhus*: There is a form of vertigo common with old people, which comes on as soon as the patient rises from a sitting posture. It is associated with heavy feeling in the limbs. It is doubtless indicative of some senile changes in the brain. *Rhus tox.* is one of the remedies which can palliate this condition. Sometimes they have a swashing feeling in the brain when moving about. In this swashing feeling in the brain, compare with *Rhus* the following: *Cinchona*, *Sulphuric acid*, *Belladonna*, *Spigelia*, and *Carbo animalis*.

Rhus is of value in many affections of the eye. We find it useful in scrofulous ophthalmia when phlyctenules form on and about the cornea. Most intense photophobia is present. The eyelids, which are also involved in the inflammatory process, are spasmodically closed. If you force the lids apart,

there will gush forth a yellow pus. The pains in the eyes are worse at night.

You may also use it in *conjunctivitis* caused by getting wet. (also *Calc. ost.*)

Rhus may also be used in *iritis* when either of rheumatic or traumatic origin. The inflammation may extend to and involve the choroid, and still Rhus will be the remedy. Pains shoot through the eyes to the back of the head, and are worse at night. On opening the eyes, there is a profuse flow of hot tears. In some cases, the inflammation may go on to suppuration.

In glaucoma, Rhus has sometimes proved useful.

In orbital cellulitis, Rhus is almost a specific. It should always be given in cases in which the symptoms indicate no other remedy.

It is also one of the best remedies we have for ptosis in rheumatic patients after exposure to damp.

Causticum is here the nearest concordant remedy of Rhus., but you must also think of *Gelsemium*, *Sepia*, and *Kalmia* in this symptom. The last named remedy has sensation of stiffness in the eyelids and in the muscles about the eyes.

A local symptom of the face calling for Rhus in rheumatic patients is pain in the maxillary joints as if the jaw would break. Every time the patient makes a chewing motion with the mouth the jaw cracks. Easy dislocation of the inferior maxilla calls for Rhus. *Ignatia* and *Petroleum* are here similar.

In toothache, Rhus may be indicated when the pains are made worse by cold and relieved by warm applications. There is an exception to this, however, *i.e.*, in jumping toothache, when the pain is momentarily relieved by the application of the cold hand. The teeth feel loose, or as if they were too long. The gums are sore and feel as if ulcerated.

In various forms of paralysis, Rhus may be indicated in rheumatic patients when the trouble has come on from over-exertion or exposure to wet, as from lying on the damp ground. In the latter case, the trouble probably finds its origin in a rheumatic inflammation of the meninges of the cord.

If, however, the exposure to wet excites a myelitis, *Dulcamara* is the remedy.

Rhus may also be used in the acute spinal paralysis of infants.

In these different forms of paralysis, *Sulphur* holds a complementary relation to Rhus.

AN ESSAY ON IRON.

BY DR. MOSSA, STRASBURG.

(Translated from the *Allgemeine Homöopathische Zeitung* by S. Lilienthal, M.D., New York.)

QUI NESCIT MARTEM NESCIT ARTEM.

A COMPARISON between Ferrum and Cuprum will show why Hahnemann considered the latter to belong to the nobility of our materia medica. So said C. Hering when speaking of Benzoic acid, and we think this a mistake. Just examine the place it holds with Rademacher, with Schüssler in his biochemical therapy, and Grauvogl considered it the chief representative of his oxygenoid constitution.

It is true that the old school did often abuse this remedy, and in their usual large doses it caused easily pressure and pain in the stomach, great anguish, nausea, vomiturations, colicky pains, and even diarrhœa; continued for some time in only moderate doses, palpitations, congestions to the head, internal heat, fullness, a hard full pulse, accelerated breathing and tendency to hæmorrhages. Prof. Nothnagel in his materia medica publishes some interesting facts on the effect of iron on the temperature of the body, which Dr. Pokrowsky observed on patients suffering from cardiac or renal diseases: the temperature rose, the normal one as well as that which was below par, in consequence of pathological processes. It rose one degree more or less in five hours; in others after a few hours, and even when the drug was left off it took several days before it fell to the normal or to the former state. With the temperature the frequency of the pulse also rose, but more slowly and not with the same constancy.

Loeffler made a physiological proving with Ferrum aceticum, which is printed in the "*Zeitschrift für Erfahrungsheilkunde*," 1848-49. Being a disciple of Rademacher he proved it on five healthy persons, preceding the proving with Ferrum aceticum by a venesection of four ounces, in order to compare the healthy blood with that after the proving. The chief results were: 1. Diminution of the frequency of the pulse from 5 to 20 beats in the minute (thus differing from the results gained by Pokrowsky). 2. Tension of the pulse. 3. During the first week of the proving an increase of strength and a general feeling of well-being; during the second period general lassitude, sensation of weakness; heaviness and hebetude in extremities; no desire for mental or bodily exercise; great sleepiness. 4. Increase of appetite, a kind of bulimy,

only in larger doses; colicky pains, nausea, eructations. 5. Small doses retard defecation, which can be prevented by frequent draughts of water; in larger doses, 15 to 20 drops, the consistency of the stools decreased and even became diarrhœic. 6. Tenesmus urinæ, itching in the urethra, especially in the fossa navicularis, very frequent micturition at the later period, sometimes alternating with the abdominal symptoms. 7. In two provers, laryngeal symptoms; painfulness of the larynx in the region behind the upper third of the sternum, with some cough and expectoration of a tough mucus, impregnated with blood. An examination of the blood revealed an increase of the watery parts, and a decrease of the solids; the blood and the blood-corpuscles were of a darker hue. The fibrin was in most cases diminished, only in one case slightly increased. The number of blood-corpuscles was increased in four cases; diminished in one. Loeffler found in most cases the quantity of Ferrum in the blood diminished, but the analyses were hardly made exact enough, for an increase of blood-corpuscles ought to be combined with an increase of iron in the blood. Taken altogether *iron may produce a hydraemia*.

Ferrum plays a considerable part in Schüssler's biochemical treatment. Iron is a constituent of the blood and of the cells of the muscles. When the balance of the Ferrum molecules in the muscular fibres is disturbed, the latter become relaxed. When such a disturbance of equilibrium takes place in the ring-fibres of the bloodvessels, the latter dilate and the blood accumulates in them. Ferrum then reduces the morbidly dilated bloodvessels to their normal lumen, cures the irritating hyperæmia, on which the first stage of all inflammation is based. Ferrum and the salts of iron are the carriers of a quality which attracts oxygen, hence its benefit for the tissue-cells attacked. Schüssler uses here his Ferrum phosphoricum, and many physicians can attest its benefits. When given at the commencement of a hyperæmic state, it causes a decrease of the hyperæmia and produces sweat more decidedly than our highly praised Aconite does. But just like Aconite, its action stops short with the hyperæmia, and in a fully developed inflammation either one could only be indicated where the other symptoms of the case correspond to it.

It may be of some interest that with the common people the blood-stone (Ferrum oxydatum nativum rubrum) is not only considered a great hæmostaticum, but, boiled in beer, it is

considered the remedy to produce the desired sweat in catarrhal fevers.

There is often found in our school a prejudice against drugs which are the favorites of the old school, as Opium, Calomel, Chininum, Digitalis, and Ferrum may well be added to it. Let us therefore study in which diseased states Ferrum deserves to be applied :

Headache.—Clotar Müller gives the following indications: hammering, beating pains with surring in the head; congestion of blood to the head with pale face; alcoholic beverages disagree with him; disinclination to all movements with constant feeling of exhaustion and weakness in the muscles. For example: A woman of 28 years, strong, blooming, and healthy, complains off and on of vertigo, and every fortnight of hemicrania. Menstruation, appetite, and digestion normal. Still venous murmurs clearly developed, some paleness of the mucous membrane of the mouth and eyes. Hammering, beating headache; falling out of the hair, whereby the scalp is painful, with formication. Ferrum cured in a few weeks; and thus symptom 15 of Hahnemann, which he printed in parentheses, is verified: every two or three weeks headache for two, three, or four days, hammering and beating, that she must sometimes lie down in bed; then aversion to eating; and Allen may also remove the parentheses from the symptom. Mossa reports: A woman of 25 years suffered for some time from headache; it is a hammering pain in the temples. Face pale, but flushes from the least emotion; weak stomach; nausea and sometimes vomiting after eating. Ferrum phosphoricum 6th ameliorated everything in two weeks, and after four weeks she could be discharged cured.

Neuralgia Facialis.—Goullon the father recommends in neuralgia, especially facialis, when Belladonna does not suffice, the first trituration of Ferrum carbonicum. To a case of prosopalgia Rhus seemed fully to correspond, but it only ameliorated. Closer examination revealed to Dr. Stein aggravation when lying down and amelioration when setting up. Hence arose a cure with Ferrum. A vivacious gentleman of dark complexion, black hair and eyes, took a cold sponging after being overheated and acquired a prosopalgia. During the attacks, which repeated themselves mostly at night, the whole face turns red and his eyes full of lustre; between the attacks he looks sallow, miserable, and broken down. During the attack, he could not allow his head to rest for one moment at one place; he had to move it constantly. Rhus, Spigelia,

Belladonna failed. Ferrum carbonicum, six grains, twice a day, brought a rapid cure in two days. (Hom. V. 5, 3, 130. L. Schroen.)

Kissel says in his textbook of "Natur wissenschaftliche Therapie," page 140: Headache is often the symptom of an ailment curable by Ferrum, especially when it appears epidemically. Its form changes; the pain may be in the temples, forehead, vertex, or occiput; hammering, tearing, or pressing; paroxysmal with full intermissions; or only remitting, or continuing night and day. Often the individuality of the patient may give us a hint, as chlorosis or old alcoholists with their changes; though it is just as often indicated in apparently robust persons, with red cheeks. Where the complaint has lasted for years Ferrum may still remain the only drug which will cure the case.

Shüssler recommends his Ferrum phosphoricum in such headaches and facial neuralgia, where the pain is stitching, hammering, pressing, with heat and redness of the face, < by shaking the head, stooping, in fact by every movement. And still Ferrum carbonicum, according to two observers, cured such prosopalgia, which improved by raising the head and thus by moving the head.

Taking all in all, Ferrum helps most in neuralgiæ which are eased by motion of the affected muscles; thus also in lumbago, where the pain diminishes by continued motion. Perhaps Herrman Gross is right, that the neuralgiae of Ferrum attacks especially those nerves which supply the muscles subject to our will.

Gastric Manifestations. Vomiting of Food Immediately after Eating.—Knorr in the A. H. Z., v. 164, believes that Ferrum only cures such vomiting as does not depend on any organic disease of the stomach and which is not a symptom of any other malady; it must be an independent, dynamic affection of the stomach and appears only, and never otherwise, after eating. In three such cases Ferrum cured quickly. Mossa had an interesting case, where a chlorotic, emaciated and very sensitive man suffered thus, and a few pellets of the thirtieth potency removed it quickly.

The more strictly indicated a drug is, the higher ought to be the potency, and Ferrum is a witness to this axiom. The more general, though resting on a physiological basis, the indication is which leads us to think of Ferrum, the more we have to descend with the doses. Physicians who use only high poten-

cies and follow with Ferrum only the general indications, often complain of their failures.

In Hahnemann's provings of Ferrum, probably on the same woman, we find some other important gastric symptoms, as: she vomited most before midnight, when she lies down, and especially when she lies on her side; she vomits mucus and water (not food) every morning after eating; a kind of pyrosis; water runs out of her mouth and constricts her throat with constant nausea; all the vomited matter is acrid and acid. She vomits easily after partaking of some acid; or beer, which flies to her head and is followed by heart-burn. These symptoms are often found in chlorosis, and may include a priori what mischief Ferrum in massive doses must produce, and experience demonstrates it ad nauseam.

A girl of 20 had chlorosis; mucous leucorrhœa in the place of menstruation, oppression of the stomach with vomiting of food, later of water only with nausea. After vomiting the pain in the stomach ceases. Milk aggravates; Ferrum aceticum 3d removed the subjective symptoms after a week and the objective ones after several weeks. (Hofrichter, A. H. Z., 45, 202.)

An old woman suffered for several weeks with constant nausea, < after eating, disturbing sleep, tongue coated, tardy stools. Ferrum muriaticum 1st cured her. (Lembke, A. H. Z., 45, 96.)

Schüssler recommended in hæmatemesis Ferrum phosphoricum, where the blood is red and coagulates easily to a jelly; also in epistaxis of children.

Affections of Liver and Spleen.—In a woman of 53 years, having suffered for some time from hepatic pains, there remained after a severe hepatitis; swelling of the liver, which could be clearly felt, sensitive to pressure; steady pain along the whole back, especially in places upon which she laid; cannot rest long on either side; Ferrum 200; some alleviation for a few days; then the old state again. Ferrum met. 3d, 1 gr., three doses daily, caused at first aggravation, then full restoration. (A. H. Z. 33, 104. Kallenbach.)

Kreussler says, that in obstinate cases of chronic inflammation of the spleen Ferrum met. 30 acts excellently well. In the proving we find the hint, a severe stitch in the left side, under the ribs. Celsus narrates that in animals who drink daily of water wherein the blacksmiths cool their glowing iron, the spleen diminishes in size; hence, Dioscorides and others used this ferric water in splenic diseases. Aetius also asserts that iron-filings are used by country people for bloated

abdomen, but delicate people ought to use wine wherein red-hot iron was cooled. Fallopius gave wine in which iron-filings were put in hardening of the spleen, and, as he says, with good success: *Spatio quadraginta dierum videbitis comminutum scirrhum tumorem* (in about forty days you can see the diminished tumor). Rademacher believes that iron-affections of the whole organism produces not rarely, and especially in the spleen, painful or painless swelling of this organ, and that Ferrum is the remedy for their removal, though it cannot be considered a specific for it. This action of Ferrum on liver and spleen leads us to use it in malaria, or for Quinine cachexia.

Clotar Müller considers it here the equal of Arsen. and China, and reports the following case of intermittens: Male, 24 years old, strong, had intermittens suppressed by Quinine, but it returned as tertian. August 6th, Arsen. 3, after two weeks Bryonia, then Veratrum, without benefit. Peritonitis set in, which was removed by Aconite and Belladonna, and the fever returned to its quotidian type. August 12th. Chininum sulf., one dose, attack stopped, but in its place total aphonia and tertian type; two doses Quinine caused vomiting and the fever took its regular course. Profuse, yellow, foul-smelling sweats as soon as he falls asleep indicated *Carbo animalis*, which did nothing. After a week the following state was present: Perfect aphony, which causes him great anxiety; emaciation, sallow skin; fulness of the skin around the eyes; lips, gums, and palate extremely pale; venous murmurs; constant difficulty of breathing; œdema of the feet; anorexia, with pressure in stomach after every meal; hard, difficult fecal discharges, followed for hours by spasmodic pains in rectum. All symptoms hinted to Ferrum, and he received Ferrum acet. 1st dec., five drops morning and evening. The second febrile attack was already weaker, none more after a week; he only sweats at night during a good quiet sleep; the pain in the spleen and the dyspnœa diminished from day to day, and he could already speak with a hoarse voice. After four weeks' use of the iron the splenetic tumor had greatly decreased, the cough disappeared, nocturnal sweats and hoarseness steadily diminishing, strength returned, and after a short time he could be discharged cured.

In the *Neue Zeitschrift für Hom.*, 1, 13, we read: "Against the considerable ague-cakes which remained in a person who suffered a year before from intermittens, and in another person after a quartana, Ferrum mur. 3d was in both cases used with

excellent results." In many cases it was also beneficially used to prevent relapses of the intermittens, and Rademacher recommends to give iron for some time where the intermittens was stopped with Quinine.

Clotar Müller gives the following indications for Ferrum in intermittens: Where, in consequence of its long duration, severity, or abuse of Quinine, assimilation and reproduction become below par, with all symptoms of anæmia, especially where symptoms of an unusual pulmonary irritation and congestion appear; for we must not forget that certain intermittents bequeath a disposition to pulmonary tuberculosis.

In relation to its symptoms, we never meet a pure apyrexia; digestion remains disturbed with fulness and pressure of stomach, eructations, vomiting of food, mucous or watery diarrhœa, oppression of chest, tendency to mucous fluxes and hæmorrhages; palpitations, vertigo and headache. Characteristic is the extreme paleness of lips, gums, and palate, also the venous murmurs. The paroxysms are, as in all tedious cases, not of great severity, but protracted and irregular, the sweat protracted and weakening; type changeable; splenic tumor considerable.

In Arsenicum, on the contrary, the dissolution of the blood, under the influence of an epidemic or endemic malaria, has already progressed to a more or less developed hydropic or septic crisis, showing itself by a waxy or dirty-white color, foul taste, foul breath, foul-smelling excretions; by hæmorrhages; miliary suggilations, tendency to decubitus and necrosis; we miss here entirely the venous murmurs, whose presence hints to Ferrum or Pulsatilla. Swelling of liver and spleen are also found in Arsenicum, but then the quotidian or quartan type is prevailing. The loss of strength and emaciation is considerable. The attacks of Arsenicum are characterized by great restlessness, anguish, palpitations, congestions, inward burning sensations, beating of all arteries, excessive thirst.

Baerth says, that in intermittens, where Ferrum suits, muscular power has visibly decreased. The eyes are red, the lids swollen, and muco-purulent secretion from the Meibomian glands. Such patients complain of a sweet taste in the mouth, and we often find on the skin sharply circumscribed black or dark-violet spots. All such symptoms were observed by Rademacher in ferric diseases, though we find them only rarely in intermittens.

Diarrhœa.—A child, $2\frac{1}{2}$ years old, of exquisite lymphatic constitution, had diarrhœa for three months, most frequently at night; stools mucous or watery, painless; abdomen painless on pressure; face pale, rather bloated body, or the pressure of the finger left a mark which gradually disappeared. Skin cool, little appetite, much thirst, great debility, febricula vespertina; irritable and morose. China failed. Ferrum 1 gr. triturated with a drachm sugar, two or three times daily a small dose. Amelioration after a few days, and gradually dose increased to 5 grains. Cure, without an aggravation. (*Hygiea*, 6, 322, Werber.)

A boy, of 13 months, weaned in his third month, has, since then, painless and odorless diarrhœa, of a reddish-brown color, watery, twelve to fifteen discharges in twenty-four hours. Great paleness of the skin, emaciation, great debility; œdema of scrotum and lower extremities; bulimy, never is satisfied, very little thirst. Venous murmurs easily heard. Arsenicum and Ferrum acet. failed. Ferrum sulf., every 2–4 hours 1 grain, aggravated for a few days, and cured in five weeks. (*Kafka*, *Pr. M.*, 5, 3.)

A boy of 14 years, who grew rapidly, very pale and thin; suffered for three months from a watery diarrhœa. It appeared regularly 4–8 times in the afternoon, and was painless. Otherwise he felt well. Ferrum acet. 3, three drops at night, cured in a week. As soon as the medicine was omitted the diarrhœa reappeared. Tinct. ferri acet. up to sixteen drops: Amelioration; but after omission of the drops, another relapse. Now, one dose of the 200th potency and lasting amelioration. (*A. H. Z.*, 49, 38.)

Knorre collects, in the *A. H. Z.* 5, 164, the symptoms indicating Ferrum in intestinal catarrhs. We meet diarrhœa, especially of children, which lasts some time, and where after the use of food or drink watery discharges set in without pain or exertion, containing mostly a part of the undigested food; features sallow, sunken; emaciation; hardness and swelling of the liver, without flatulence; bulimy or anorexia; thirst. The long continuance of the diarrhœa causes in such cases a hydræmic state.

Somewhat different are the cases which Gross (*A. H. Z.*, 12, 323) cured in children and adults with Ferrum acet. 6th. His cases were watery, painless, but there was a great deal of gurgling and noises in the intestines.

In relation to the preparations, we find Ferrum met., acet.,

and sulf. applied. Why, in some cases, rather large doses succeeded, and in other cases a high potency, is one of the mysteries in our dosology, and very hard to explain.

Pemerl observed, 1854, at Munich, during a cholera epidemic, five cases of cholera where the intestinal symptoms were very intense, and the intestines so sensitive that every motion, and the very smallest quantity of the most easily digestible food or drink renewed or aggravated the discharges; flocculi were plenty, in one case rolled into a ball; after two days vox cholericæ and blue rings around eyes, pulse filiform. Phosphor did not suffice any more, and as the cases threatened to pass into cholera exquisita, Ferrum acet. 3 was prescribed, and in all five cases the diarrhœa stopped in less than twenty-four hours; the patients regained their health in a few days. The quantity of flocculi discharged hints strongly to a diphtheritic form of intestinal catarrh. Some time ago allopathic physicians used internally and externally iron preparations, and especially Liquor ferri sesquichlorati in pharyngitis diphtheritica, and apparently with some success; perhaps at that time the genius epidemicus hinted to Ferrum.

Kopp, who is a great admirer of Ferrum carbonicum, found it often of benefit in chronic diarrhœa. In his *Memorabilia*, III., p. 272, he relates the following cases: Mrs. F., 50 years old; catches cold easily; does not hear well; suffers already for eighteen months from a diarrhœa, aggravated after eating meat, especially beef, often accompanied by colicky pains. She received Ferrum carb., a scruple morning and evening, and during the summer hot baths medicated with Calcium sulphide. She took all in all about four ounces Ferrum carb., and as she improved the doses were diminished. The diarrhœa not only ceased, but she can now eat meat, and gains strength by it. A popular remedy in Sweden for chronic diarrhœa (as they may happen in cardiac and renal diseases in connection with dropsy) is to boil milk in an iron kettle and let the patient use it.

In our homœopathic literature similar cases of diarrhœa are mentioned removed by Ferrum; in some cases the discharges were painful, with some tenesmus, and mixed with mucus and blood, or accompanied by burning in the anus and pains in the back on motion. We also meet diarrhœa with spasmodic pains in back, abdomen, and anus. Considering the tendency of the drug to the bloodvessels of the rectum and sphincter ani, we understand why physicians of the olden time used iron in some cases of dysentery.

Dysentery was sometimes cured with Iron by the disciples of Rademacher. During an epidemic at Berlin, 1848, Dr. Wald treated the following case: A girl, of twenty-three years, was in the hospital of Bethanien, on account of some cardiac trouble. August 8th, she was taken down with dysentery, high fever, and colicky pains increased by pressure; great tenesmus; the stools being at first yellow, then gray. *Natrum nitricum* had so far corresponded to most cases; here it aggravated; stools and fever increased. Skin dry; pulse 120, small and soft; tongue hardly coated and moist. The patient received, *Tinct. Nux vom.* 1 drachm to 6 ounces water, tablespoonful every three hours. The stools decreased to 8 to 10 per day; but the tenesmus, anguish and restlessness remained the same; debility increased. After four days, the number of stools were the same as formerly, their color gray, rarely mixed with blood, and their consistency very fluid. Patient became weaker day by day. Now *Ferrum acet. tincture*, 2 drachms in 6 ounces water, was given, a tablespoonful hourly. After six hours, improvement set in, and before the day was over, she had a yellow, pultaceous stool; on the third day, appetite returned, and with it strength. On the fourth day, a black, well-formed stool, and on the fifth day she could leave her bed.

Mossa reports: A man of fifty, dark complexion, tendency to hæmorrhoids, suffered for many years from chronic diarrhœa, alternating with constipation; in consequence of it, the ingesta accumulated in the intestines; acid fermentation sets in, with flatulency and frequent discharge of flatus, which are the forerunner of a diarrhœa stercoralis. After copious evacuation of solid masses, the consistency of the stools decreases, till they become fluid, of an intensely sour odor, and finally tenesmus sets in. Though the appetite remained, still the frequent discharges, for days and weeks, weakened him greatly. Fruits, vegetables, in fact, everything acid increases the trouble. Neither Sulphur, nor *Calcarea carb.* or phosph., neither Rheum nor the acids, ever shortened the attack. I tried the neutralization of the intestinal acids with *Natrum carbon.*, and followed it with ferric drugs, especially *Ferrum phosph.*, which quieted the intestinal peristalsis, the tenesmus and ceased, and, digestion being regulated, his strength gradually returned.

(To be continued.)

THE IMPORTANCE OF MAKING A PHYSICAL EXPLORATION DURING THE CLIMACTERIC PERIOD.*

BY I. G. SMEDLEY, M.D., PHILADELPHIA.

IT is a very common belief among women that they must undergo some change from the normal functional activity during their passage through the climacteric period, and this view of the matter can scarcely be wondered at, when quite a number of physicians share the opinion with them. I have had patients tell me, even when they were only thirty-five years of age, that their "monthly sickness" was normal, that their physician said they were suffering from the "change of life," whatever that well-defined disease might be, and that they could not expect to be better until that period was passed. In some instances, women have been accused of "having it" as early as thirty years.

The menopause or the "critical period," as it is sometimes called, and it really is a critical period in a woman's life through which we should carefully guard her, is quite variable as to its time of occurrence, ranging from the thirty-fifth to the fifty-fifth year, or even in some cases to the sixtieth year. Tradition says that Cornelia, the mother of the Gracchi, was confined in her seventieth year. The average date is about forty-five years and this varies often with the date of beginning menstruation. The earlier the flow begins, I think, the later will be its time of cessation. For a girl whose puberty begins at eleven or twelve years is apt to have her sexual organs developed to a greater degree than one who begins at eighteen years, and hence, menstruation is kept up to a later date.

The cessation of the menstrual function is as purely a physiological act as was its beginning; thence should be passed through as smoothly and comfortably as any other physiological process. We should, therefore, impress this fact on the minds of our patients that they may be on their guard against any abnormal change at the time, that we may check the diseased process at once. And as soon as we fail in accomplishing our purpose with medical treatment alone, urge and insist on a physical exploration instead of allowing her to go on in the belief that it is "only the change of life she is suffering from and has to have its course," which end often is in death, due entirely to her physician's neglect.

* Read before the Philadelphia Medical Club.

The most frequent cause of trouble at this time is a profuse sanious flow; I make use of the term bloody flow intentionally, for often the bleeding is not a menstrual flow at all, but due to some diseased condition of the uterus or its adnexia, the cause of which can only be detected by a local examination, and which often can only be treated successfully by the addition of local means to the properly selected remedy.

This period especially predisposes to an aggravation of existing uterine troubles, particularly those which have a hæmorrhagic tendency, *e.g.*, a cancerous disease of the uterus is more rapid in its growth at this time; uterine polypi, displacements and diseases of the endometrium are more apt to cause floodings.

Allow me here to cite two cases in which a neglect to make an examination and ascertain the true pathological condition almost ended in the death of the patient.

CASE I.—Miss L., æt. 55, has been constantly under a physician's care for the past ten years, suffering from backache, bearing-down pain, frequent urination due to a feeling of pressure on the bladder, pain across the lower part of the abdomen and frequent and profuse menstruation, the latter being the most prominent symptom. The flow would come on every two to three weeks, would last at least seven days and would often be continuous for weeks. During all this time, she had been under the care of one of our most prominent homœopaths, but who had never made an examination. On account of her change of residence to West Philadelphia, she came into the hands of another physician who at once insisted on a physical exploration and requested me to make the examination with him. I found her in a terribly anæmic state. There was œdema from head to foot, conjunctiva and lips colorless, pulse weak and rapid, temperature ranging from 102° to 104° F., bowels costive, urine retained and had to be drawn with a catheter, which was passed with difficulty, due to the fact that the meatus was drawn up under the pubic arch. There was a constant uterine hæmorrhage which at times came in profuse gushes, between which there would be quite a discharge of pus.

On making the examination an immense fibroid polypus was found blocking up the ostium vaginæ and was causing the mischief from which she had been suffering all these years. By its irritation, it had kept up a uterine congestion, thus causing the hæmorrhage by pressure on the bladder. It had

developed the urinary difficulty and by its pressure had set up a pelvic cellulitis which finally broke down into an abscess, this being the cause of the fluctuating high temperature.

CASE II. Mrs. T., æt. 56, mother of three children. Her menstruation has been quite profuse for several years. Two years ago she had an attack of profuse flooding which lasted for three weeks and so severe that her life was despaired of, and from which she was a long time in recovering. Since then, her "sickness" has been regular but quite profuse and lasting seven to ten days. With this exception, she has had absolutely nothing of which to complain. No backache or abdominal pain, no urinary trouble or leucorrhœa. Nothing, in fact, that would in the least call one's attention to any abnormal condition of the pelvic organs.

I had seen the patient frequently during the past year, her daughter having been under my care for a uterine trouble, but as she did not complain of any symptoms that would lead one to suspect a trouble in the pelvic organs, except the fact of a profuse menstruation, I was not at all surprised that her physician, who was an old and experienced practitioner and one who stands at the very top of our profession, did not insist on an examination. At last her symptoms became so grave, that the doctor decided that something should be done as she was almost exsanguinated, and requested me to make the examination. Very much to my surprise the uterus was found to measure four inches, and was markedly retroflexed, the fundus being the first thing that came in contact with the examining finger. A small mucous polypus was found protruding from the external os.

The most remarkable feature in this case was the entire want of pain and discomfort due to the very much enlarged and displaced organ, and it illustrates how important it is when any abnormal condition exists at the menopause, or in fact at any other time, that we should examine for some explanation of it.

By the removal of the polypus and by frequent replacements of the uterus, the occasional wearing of a pessary or glycerine tampons, and the application of Churchill's tincture of iodine to the endometrium, the size of the uterus has been reduced to three inches. She has passed over two monthly periods and with only a slight show each time. She is getting quite strong and well. Her internal remedy, after the flow had stopped, was Fer. iod.^{3x}.

SIMPLE METHODS OF DETECTING AND ESTIMATING ALBUMIN IN URINE.*

BY CLIFFORD MITCHELL, M.D., CHICAGO, ILL.

URINE of a healthy person does not, as a rule, contain albumin.

Clinical Significance.—Pale urine of low sp. gr., and abundantly albuminous should cause us to look for Bright's disease in the patient. High-colored urine of high sp. gr., containing albumin is more apt to be indicative of pyrexia or of some impediment to the circulation.

I. DETECTION.—There are numerous ways of finding albumin in the urine. The method now to be described is one which, during past years, I have seen at least three hundred pupils of mine use successfully. The desideratum is a test which, while clinically accurate, is best suited to those not over-familiar with chemical manipulations and which causes the least amount of confusion. Proceed as follows:

1. Procure a sample of the mixed urine of twenty-four hours.

2. Filter or let settle and pour off free from sediment.

3. Fill a test tube half full, say, of the clear urine.

4. Into it, down the inside of the tube, cause plenty of nitric acid to flow.

5. Notice whether a zone or ring of whitish turbidity forms at the juncture of acid and urine—if so suspect albumin. Set aside the tube.

6. Fill another test tube half full of the clear urine, add a few drops of acetic acid, and boil thoroughly. A whitish coagulum, precipitate or turbidity shows that sero-albumin is present in the urine.

II. REMARKS ON MANIPULATION.—In order to filter urine take a paper from a package of cut filter papers, or cut one out, seven or eight inches in diameter, from sheet filter paper, fold it in two, turn over each edge as you would two opposite leaves of a book, namely, one end from right to left and the other from left to right until they just do not meet. A funnel shape is in this manner given to the paper. Put the paper thus folded into the funnel, open it on the side opposite to where it was last folded, fit it down closely into the funnel, wet with distilled water, and press down closely to the side of the funnel.

* Extract from advance sheets of "The Physician's Manual of Simple Chemical Tests."

If filter papers and a funnel are not easily obtained, let the urine settle and drain it off from its sediment, using the clear urine for purposes of examination. Fill a test tube half full of filtered or clear urine and holding the tube inclined (as nearly horizontal as possible without spilling urine from it) allow nitric acid to trickle slowly, but freely, down the inside of the tube containing the urine. (If possible have the acid in a narrow-necked bottle whose lip can rest inside of the mouth of the test tube.)

A zone or thick ring of whitish turbidity at the juncture of acid and urine indicates *probable* presence of albumin which may be verified by the method already described in I., 6. Both tests must be successful. If the acid test is not successful there is no need of the heat test. (See, however, *Chances for Error*, next paragraph.)

III. CHANCES FOR ERROR.—1. A zone of color is not a zone of whitish turbidity. Normal urine will give a pinkish zone with nitric acid; abnormal urine may give various colored zones, as brown or almost black urine containing bile may give a play of colors, *green* prominent, at the juncture.

2. Before concluding that the nitric acid shows no albumin—especially if you go on and boil the urine and find a slight turbidity—set the tube (into which the nitric acid has been poured) aside and let it stand. *After a time a slight turbidity or whitish flakes may be noticed.* Hold the tube between your eye and the light.

3. At the bedside it may not be convenient to filter; in such a case warm the urine gently and any turbidity due to *urates* will clear away and then the nitric acid test, etc., may be made. If the urine does not clear on warming add a few drops of acetic acid, shake well and any turbidity due to *phosphates* will clear away and then the nitric acid test, etc., may be performed. If the urine can neither be cleared by warming nor by adding acetic acid and it is not convenient to filter, even then the nitric acid test can be made with success provided albumin be present in notable amount; the zone of turbidity caused by the coagulation of the albumin by the acid may appear in spite of prior turbidity of the urine. *It is important, however, that the urine be clear.* Hence, and especially in doubtful cases, filtration should be resorted to.

4. If the urine is turbid *after* filtration fold several papers together and filter it again.

5. In slight cases of albuminuria, albumin may be absent from the urine passed before breakfast and yet present and in

considerable amount in that voided after a hearty meal. Hence, and especially in doubtful cases, test the urine passed after the principal meal. Where you are particularly anxious to know whether albumin is ever in the urine, cause the patient to exercise vigorously and examine the urine next passed after the muscular exertion.

6. Remember that urine containing *blood*, *pus* or *semen* may respond to the tests for albumin.

IV. ROUGH METHOD OF ESTIMATION OF ALBUMIN.—Set the second test tube—namely, that one in which the acidified urine has been boiled—aside, and then note the amount of albumin which has settled. If the amount is *insignificant* the loss of albumin in 24 hours is under 2 grams (31 grains); if *moderate*, from 6 to 8 grams (93 to 124 grains); if *considerable*, from 10 to 12 grams (155 to 186 grains); if *very large*, about 20 grams (310 grains) (Charles). Boil daily, in the same sized test tube, the same amount of urine passed at about the same hour of day adding 3 or 4 drops of acetic acid. Lay the tube aside and compare results with those of a preceding day.

V. QUANTITATIVE ESTIMATION.—1. After sero-albumin has been found by the method described under "*Detection*" and if the physician be not satisfied with the rough method of estimating just given, let him try Tanret's method. First make up a solution as follows:

	Grams.
Potassic iodide,	3.32
Mercuric chloride,	1.35
Water,	64.00
Acetic acid,	20 c.c.

Pour some of this solution into a graduated burette filling it to a certain mark and add it, drop by drop, to the filtered urine; proceed slowly, and after a little while let the urine settle before adding any more of Tanret's solution. Then add just one drop and if it produces a turbidity, go on very slowly, drop by drop, until you notice that there is very little turbidity produced by each drop. Then stop, let settle again, and again try just one drop. Proceed in this manner until a drop no longer causes turbidity. Then read off on the burette the number of cubic centimetres of solution you have used. Each cubic centimetre means one-tenth of a gram (1.54 grains) of albumin. If, therefore, you have used ten cubic centimetres of the solution before the turbidity ceases, then the specimen of urine contains one gram or 15.4 grains of albumin.

Measure the amount of urine you have used (which should be a sample of the twenty-four hours' urine); divide the quantity of all the urine passed in twenty-four hours by the quantity you have used in the estimation, and multiply the result by the amount of albumin found and the product will be the total amount of albumin passed in twenty-four hours.

2. One of the quickest and neatest ways of estimating albumin is that of Esbach, of Paris. I recommend it most heartily. The only objection to it is, that a *specially constructed tube* must be obtained; I advise all interested to choose this method and to procure the tube.

ESBACH'S METHOD.—Dissolve 19 grams (295 grains) of picric acid and 20 grams (310 grains) of pure citric acid (dried in the air) in 800 or 900 cubic centimetres (about $\frac{8}{10}$ or $\frac{9}{10}$ of a quart) of cold distilled water. After the substances have dissolved, add distilled water enough to make a litre (1.05 quart). The specially constructed tube has an upper mark, R, a second mark below it, U, and the figures 7, 6, 5, etc., one above the other, beginning just below U and going down to nearly the bottom of the tube. Fill the tube with urine, which has been shown to be albuminous, as far as the mark U. Then add the picric acid solution up to the mark R. Close the mouth of the tube with the thumb and invert a dozen times without shaking. Then close with a rubber cork and let settle for twenty-four hours. Read the height of the deposited albumin in figures on the tube. If, for example, the sediment is as high as the figure 5, it means that this particular specimen of urine you are examining contains 5 grams (77 grains) of albumin to the litre. The graduation of the instrument, therefore, represents in *grams* the quantity of albumin contained in a litre of the urine under examination. Reckon a gram $15\frac{1}{2}$ grains and a litre a quart. See how many litres of urine the patient passes in twenty-four hours and multiply this number by the number of grams in one litre, found by estimating, and the result is the total amount of albumin the patient is voiding in twenty-four hours.

NOTE.—All this figuring is necessary for a careful computation. If you wish only approximate results collect the urine passed each day after the principal meal or between certain hours and compare the height of the precipitate with that of the day before as in IV. The urine in all cases should be acid. Hence, if it does not redden blue paper add a few drops of acetic acid. Urine loaded with albumin had better be diluted with water so that the sediment does not rise above

the figure 4. If this is done by adding an equal amount of water, double the result found; if adding two parts of water to one of urine, multiply the number of grams (figure on the tube) by three and so on.

This method of Esbach's has been verified by Charles, who finds it sufficiently exact for clinical purposes. It is very easy of application.

Modern medical science demands that the practitioner be versed in the *quantitative* analysis of urine. I hope that what I have written here may help the inexperienced.

Miscellaneous Contributions.

AMERICAN INSTITUTE OF HOMŒOPATHY.—THIRTY-NINTH ANNUAL SESSION.

(Reported stenographically and arranged by Clarence Bartlett, M.D., Philadelphia.)

THE thirty-ninth annual session of the American Institute of Homœopathy was convened in the ball room of the Grand Union Hotel, Saratoga Springs, N. Y., on Monday evening, June 28th, 1886, at half-past eight o'clock. The President, Dr. O. S. Runnels, of Indianapolis, Ind., called the meeting to order, after which, Rev. S. V. Leech, of Saratoga, offered the opening prayer. Dr. J. S. Pearsall, of Saratoga, delivered the address of welcome, which was responded to by the President.

The programme, as presented by Dr. Burgher from the executive committee, was so far modified as to permit the first half-hour of each morning session to be devoted to miscellaneous business.

THE REPORT OF THE TREASURER,

Dr. E. M. Kellogg, of New York, was next presented. The balance on hand one year ago was \$500.88 or more properly speaking 88 cents, for the Institute had presented Dr. Kellogg with \$500 as a testimonial of its high appreciation of his services. During the year, the receipts from membership dues amounted to \$3105. The total expenditures during the year were \$2764.79, of which about \$1200 were expended in printing and binding the Transactions.

Dr. Kellogg also made a supplementary report relating to the

INSTITUTE'S SUBSCRIPTION TO THE CYCLOPEDIA OF DRUG PATHOGENESY.

He said that parts second and third had been issued during the year and that he had received the subscriptions of 229 members and 11 non-members to the work. He had transmitted to the publishers in London, England, \$508.64.

Dr. Kellogg's reports were accepted and referred to an auditing committee

consisting of Drs. Conrad Wesselhoeft, of Boston, R. F. Baker, of Des Moines, Iowa, and H. E. Beebe, of Sydney, Ohio.

Dr. B. W. James, of Philadelphia, read a letter from Dr. Richard Hughes, of Brighton, England, introducing Dr. Bernard Aranulphy, of Nice, France, who was thereupon invited to a seat upon the platform, and made a few remarks expressing thanks for the honor shown him.

Secretary Burgher presented the

REPORT OF THE PUBLICATION COMMITTEE

as follows: The Transactions of the preceding session were distributed to those entitled to receive them (about nine hundred in number) in November, 1885. He had 180 copies yet remaining. The report was accepted and referred for publication.

THE COMMITTEE ON MEDICAL LEGISLATION

reported through its chairman, Dr. A. I. Sawyer, of Monroe, Michigan. No progress had been made towards securing our representation in the medical corps of the United States army and navy. He had worked hard but had been unable to interest any one in the subject. Even those congressmen who favor homœopathy by patronizing its practitioners do not champion its cause in Congress. Still we should not be discouraged. He also referred to Senate Bill 262, which is intended to prevent the introduction and spread of contagious diseases. It has been read twice and is now in the hands of a special committee. The bill has no chance of final passage, still it has one feature which interests homœopathists. It provides that a committee, of which the president of the American Medical Association is a member, shall prepare a code for the regulation of the practice of medicine in the States and Territories, and this code shall have the force of a law. He also referred to the examining boards in the various States and said that the plan suggested by the Institute at its last meeting had been carried out with a reasonable degree of success in a number of States. Virginia has the best law on this subject, for she provides for a licensing board composed exclusively of homœopaths. Alabama has the most pernicious law of any State in the Union. There are only four homœopathic physicians in that State.

Dr. J. B. G. Custis, of Washington, said, in relation to the introduction of homœopathy into the United States army, that he had interviewed a number of Senators and Representatives. By them, he had been told that when we came with sufficient force behind us as representing public opinion, some such bill as that proposed by Dr. Jno. C. Morgan would be adopted. He then announced that the Institute would receive an invitation, at the proper time, to meet at Washington in 1888, in which year the next long session of Congress will be held. He then offered the following resolutions:

First. That we view with much concern the fact that this great system of medicine is without representation in the army, navy or marine hospital service of the National Government, though it is the adopted system of a very large proportion of the citizens of the country, who have experienced its superior beneficent results.

Second. That having without government aid or recognition even in the Medical Departments of the government service, attained to the high position of rivaling the older school of medicine in colleges, hospitals, literature and number of educated and experienced physicians as well as clients, and having through the manifest beneficent results of its law and practice in the preservation and restoration of health largely revolutionized the practice of all other schools, we claim that the time has fully come for its

recognition in every branch of the government service where medical knowledge and skill are provided for.

Dr. J. H. McClelland moved that these resolutions be referred to the Committee on Legislation. Carried.

Dr. H. C. Allen, of Ann Arbor, moved that the bill recently introduced into the Senate by Senator Call, of Florida, referring to medical and technical education of people, be also referred to the Committee on Legislation. Carried.

Dr. J. P. Dake, of Nashville, said that in his judgment there is very little use in coming before Congress with joint resolutions asking for things based on a general desire. He would like to see a graduate of one of our colleges make application in due form. If then he is rejected, as he certainly will be under the recent ruling of the Surgeon-general of the army, we have a case. Then we should have but little trouble.

Hon. Alonzo Bell, of Washington, ex-assistant secretary of the interior and delegate from the National Homœopathic Hospital, was then introduced and made a few remarks.

Dr. A. I. Sawyer, of Monroe, Mich., was appointed chairman of the Committee on Legislation for the ensuing year.

Dr. T. M. Strong, of Ward's Island, made the report of the Committee on Foreign Correspondence, which was referred.

The President appointed Dr. Strong chairman of the committee for 1887.

A letter from Dr. Richard Hughes, of Brighton, England, was read, inviting the attendance of the members of the Institute to the World's Convention of Homœopathists to be held at Basle, Switzerland, in August next.

On motion a subscription was started for the purpose of procuring the publication of the Transactions of that Convention. Those who subscribed were to pay five dollars and receive the transactions of the Convention. Thirty-four members handed in their names as subscribers at once.

The Committee on Medical Literature presented its report through Dr. Pemberton Dudley, of Philadelphia, the chairman, Dr. Orme, of Atlanta, being absent on account of illness.

Dr. Chas. Mohr, of Philadelphia, on behalf of the committee appointed to secure reparation for the unjust article on homœopathy in the *Encyclopædia Britannica* reported that Mr. H. H. Furness, the eminent Shakespearean scholar, had been secured by the American publishers to write the article on that subject in their reprint of that great work.

Dr. H. D. Paine, of New York, made the

NECROLOGIST'S REPORT

which was accepted.

The following members died during the year: Seniors.—H. N. Guernsey, Philadelphia; H. E. Stone, Fair Haven, Conn.; B. Ehrman, Cincinnati, Ohio; J. R. Reading, Somerton, Pa.; J. K. Clark, San Francisco, Cal.; F. Woodruff, Detroit, Mich.; A. W. Koch, Philadelphia; F. N. Palmer, Boston; D. F. Bishop, Lockport, N. Y.

Juniors.—E. A. Farrington, Philadelphia; W. J. Baner, New York; E. C. Franklin, St. Louis; N. J. Franklin, St. Louis; Clement Pierson, Washington; H. Crater, Somerville, N. J.; E. F. Hincks, Hyde Park, Mass.; W. B. Davis, Philadelphia.

Dr. H. M. Paine was appointed necrologist for 1887.

The Institute then adjourned until the following morning.

SECOND DAY—MORNING SESSION.

TUESDAY, June 29th.

The Institute was called to order at 9.30 A.M.

On motion of Dr. Burgher it was ordered that all members of the Institute attending the World's Convention, at Basle, be considered delegates to that body, and that President Runnels be chairman of the delegation. Carried.

Dr. H. H. Detwiler, of Easton, Pa., the oldest senior member of the Institute, was invited to a seat upon the platform. Dr. Alonzo Ball, of New York, was accorded the same honor. The former is 92 years of age, and the latter 87.

Dr. D. S. Smith, of the Board of Censors, presented the names of thirty-five applicants for membership.

On motion of Dr. Spalding, of Massachusetts, the list of proposed members was ordered to be posted in a conspicuous place so that it could be perused by the members at leisure.

Dr. A. I. Sawyer, Vice-President of the Institute, then took the chair while President Runnels delivered his address as follows:

PRESIDENT'S ANNUAL ADDRESS.

Members of the American Institute of Homœopathy, ladies and gentlemen—Two events which made the year 1843 notable in the history of homœopathy were the death of Samuel Hahnemann and the birth of the American Institute. In the month of July of that year, the career of the one was ended and of the other begun. This coincidence was significant. These were more than fortuitous occurrences.

The personal influence of Hahnemann was now gone. After a long life of phenomenal activity—the better half of which had been spent in the exposition and defence of his great truth—he was forced to go hence without a successor, or one upon whom his mantle could fall. With disciples of marked ability in every civilized land, there was no one qualified to take his place; no one possessed of the requirements of so great a leader. From the very nature of the case, it was not only impossible but entirely undesirable for any one of his followers to attain unto leadership. At this juncture, in a distant and more favored land—and in ignorance of the death of the founder—his legitimate and highly favored successor was born. The organization which henceforth was to be his representative in the world, and which was to do more to voice and defend his cause than all other agencies combined, was launched upon its great mission. What was thus denied to a single individual was consigned to the safe keeping of the organized many.

How faithfully this trust has been administered is now a matter of record. No longer under the depressing and dwarfing influences of a despotic social order, but thus well planted in the soil of freedom, the growth and perpetuity of homœopathy was assured. From that time on, it was to grow into its full stature; it was to more and more accomplish its beneficent work. Under the fostering and establishing influences of the American Institute, homœopathy has acquired its fixed habitation and gained honor for its name the world over. It has taken its place among the sciences of man, and has forced its neighbors into a general knowledge of the fact. For forty-three years—except the interval of the civil war—its councillors have met annually to consider its interests and devise measures for its advancement. Imbued with the spirit of truth, they have determined in collective wisdom, the questions that have most closely concerned the reform in therapeutics by them demanded. They have thus gained the help and inspirations incident to professional association, and have gone forth the better equipped for the duties before them.

With the banner of therapeutic reform over it this great force of scientific workers has gone on conquering and to conquer; for the achievements of its past are but an earnest of what it is yet to accomplish, its work being but fairly begun. Loyalty and fidelity to principle on the part of its exponents are alone requisite to the fulfilment of this prophecy.

Through experience in these meetings, it has been found serviceable to have presented at the beginning of each session, a brief synopsis of the situation—a recapitulation or résumé of the professional status. This has crystallized into a rule. And standing as a sentinel on the watch-tower, this your President has been detailed to do. What during the year has been the progress of medicine—particularly of therapeutics? What has been accomplished? What are the signs of promise? What is lying uppermost to be done? So far as the eye can reach, I see attention paid as never before to that greatest of all departments of our art—Hygiene. All along the line, in every camp and bivouac, there is perceivable a growing distinction between cause and effect—the antecedent and the consequent. The belief is increasing that symptom is only another word for effect and it invariably implies a cause—some definite impression-producing thing, which has acted or is acting in conflict. The fact that the occasioner of the phenomena is not always definable, is not immediate, may have had its source in some precedent time or person, and, like a river to the sea, wended its way to the present observation-point by hereditary or other descent, does not confuse the physician abreast of these times. He does not doubt that some malign influence is operative, and that morbid conditions are the evidences of it.

So, more and more attention to the abatement of the “*causa occasionalis*” is being demanded; so, more and more are physicians of every name obeying that sweeping injunction of Hahnemann: “discern the exciting or maintaining cause of the disease, and take measures for its removal.” As a consequence, disease agencies, both direct and remote, are to-day being searched for as never before. The ever-increasing determination is to nip diseases in the bud and cut down the conditions that bear them. Individuals, families and societies are receiving training as never before as to how they may guard and defend every port of entry. The air, the water, the food and environment are, by the average intelligence, even of laymen, now called to answer the severe questions of scrutiny and analysis. And, going further, individuals are finding that they have more than the present to deal with, more than the here and now to consider. Each one is learning that he is but part of a chain—a link welded to others in both directions—the past and the future being but extensions of the present.

Every one is carrying ills handed down to him by ignorant or heedless ancestors. How may he cast them off and abolish their malignant influences? Every one has the power to transmit a multitude of weaknesses or disease tendencies to his progeny. How may he prevent the transmission of such a curse? Can he root them out of his own existence and thus repeal the statute of entail? Can he, by a sober attention to the laws of life, generate a human being who shall be possessed of a better physical endowment than he himself inherited?

Thus it is that everything that pertains to the maintenance of a sound body in a sound body, is being cross-examined in a way wholly unknown even to our fathers. As fruit of this, the exanthemate and communicable diseases are being walled in; the so-called “filth diseases” are becoming unpopular—disgraceful; the propagation and transmission of hereditary diseases are commencing, justly, to be rated as acts akin to crime, while that horrible pit of darkness, in which are committed sexual frauds and intra-uterine murder, is being illuminated and ventilated and, as far as possible, disinfected with a thoroughness before unknown.

Thus, year by year, is the realm of disease-exhibition circumscribed, and the tenure of happy, healthful life lengthened.

But these achievements in prophylaxis are but the promise of that which is attainable. The possibilities in this field are so great as to defy the most fertile imagination.

God speed the joyous day when the questions of right living shall not only be satisfactorily answered, but the lives of all brought into conformity thereto.

It is refreshing to recall the fact that Hahnemann was a power in this department of healing and that he made everything subservient to it. Filled with the inspiration of the discovery of the law of therapeutics, which it was his to expound to the world, he was careful to say that even that was secondary "to the removal of the obstacles to the cure," and "the guarding, as far as possible, against the influences that may induce disease."

He was not so short sighted as to teach that "*Similia similibus curantur*" would be operative beyond its province, or that its province embraced the entire range of morbid ramifications, or that it was the only procedure admissible in the relief of human suffering. On the contrary, like a good naval officer, he ordered that the decks should be cleared before the commencement of action.

Is the alimentary canal choked with inimical or extraneous material; has the system received a poison that must soon work its destruction; are mechanical forces operating at variance with the prescribed harmonies of the natural order—in the guise of broken or dislocated bone, displaced organ, tumor-growth, calculus or cicatricial formation; will the body soon become exsanguinated through the orifice of a wounded artery? "It is taken for granted," he says, "that every intelligent physician will commence by removing this *causa occasionalis*." In every disease where there are tangible exciting causes discernible, it is the physician's first duty, he teaches, to remove the obstacles to the cure, by vomiting, antidote, surgical interference, etc., as indicated; and secondly, to choose the appropriate remedy to combat the disease represented by the totality of symptoms—"the totality," of course, remaining after the removal of the "*causa*." It is puerile to say that he ever countenanced the rejection or non-observance of that formula, "*Sublata causa, tollitur effectus*" (the cause being removed the effect ceases), or forbade the mitigation of the intense suffering of pronounced incurables by the most effective palliatives within human reach. For he commanded, on the one hand, the most painstaking study of the disease phenomena, and on the other, a corresponding insight into the abilities and limitations of drug-performance.

"No one," says his Organon, "can merit the title of a genuine physician, or a man skilled in the art of healing—no one can accomplish his purpose in a rational manner—who does not clearly perceive the curative indication in each particular case of disease, who is unacquainted with the therapeutic effects of medicines individually, and who is not guided by evident reasons in his application of that which is curative in medicine to that which is indubitably diseased in the patient." Nothing is truer than that close observation of disease—causes and the intelligent employment of correct remedial principles, were the warp and woof of Hahnemann's life. That he did not reject "the accumulated knowledge of the profession" and did not "base his practice upon an exclusive dogma," is clear, therefore, to every fairminded, unprejudiced person. This every student of his prodigious life-work must truthfully attest.

Harmonious with the general progress in prophylaxis before cited are the rapid strides recently made along special lines, and which deserve at least a passing mention. In this category I may instance in particular,

cholera, hydrophobia and yellow fever. The problem essayed is: Can the human system be fortified in advance against these and other diseases?

Summing up the results thus far attained and speaking with cautious reserve, I must say, if not fully and satisfactorily established, it is at least plausibly predicted.

A corresponding member of this Institute, Dr. Tomaso Cigliano, has placed on record data of the most positive character, relative to the prevention and cure of cholera. The report of the experiences of himself and confrères, in the recent great epidemic at Naples, Italy, shows that cholera also, like scarlatina and variola, has its prophylactic remedy. In the very midst of this most malignant epidemic, Rubini's camphor did not fail to prevent the disease in a single instance, though used in many thousand cases. And its use in the treatment of those stricken with the disease, in connection with those well-known remedies pointed out by Hahnemann, resulted in a loss of from one to four per cent. only, while the mortality under what are misnamed "regular" methods was over fifty per cent.

If these data stood alone, the product of experiences in a single epidemic, a suspension of the verdict till more varied opportunities were had to prove the matter might well be called for. But, conforming as they do to results obtained in Paris in 1849, in Smyrna in 1865, and notably in the great epidemics of cholera in this country, we do not hesitate to say that they are indisputable and of the greatest possible import. In the light of these repeated successes, we make bold to declare that statisticians and special committees appointed by governments to compile all that is known on the treatment of cholera, shall be guilty of the blackest of crimes if they do not incorporate these data into their reports, if they again suppress them, as did the special committee appointed by the American Congress but a few short years ago!

It is of record that over forty years ago Eustapheive and Hering, disciples of Hahnemann, advocated the use of the virus of rabid animals both internally and by vaccination for the prevention of rabies. In his recent experiments Pasteur has emphasized this treatment and attained a degree of success that has riveted the attention of the world to the procedure. While it is yet too early to say that he has conclusively shown that every case of hydrophobia can be warded off, he has by his one thousand efforts in this field, and his undoubted successes in the abatement of epidemic maladies among the lower animals, proven that the prevention of contagious or infectious diseases by the timely use of the appropriate prophylactic remedy has a wider application than has been hitherto supposed.

Along the same line, too, are the seemingly well authenticated results of Dr. Domingos Friere, of Rio Janeiro, who has vaccinated with attenuated yellow fever virus, over seven thousand unacclimated persons, all of whom had just been exposed to the disease. Every one afflicted with the fever and treated by this method even as late as the second stage, has thus far recovered. Of the whole number experimented upon only eight have since died of the disease, notwithstanding the fact that the trial was made during one of the most fatal epidemics ever known in that city.

To be sure these accomplishments of Pasteur, Friere, and others have not as yet passed their crucial stage, and indisputably established their claims, but progress enough has been made to show that they are full of promise and that ultimate fulfilment may reasonably be hoped for. The thing worthy of our note in passing, is the close resemblance which all this bears to homœopathy. That the animal system can be protected against the ravages of disease force by the propagation in the system of a morbid impression in all respects like unto that manifested by the disease, was the principle which Hahnemann advocated and incontestably proved. He demonstrated indubitably that the more closely the drug impression resembled the disease manifestation, the more speedy and certain would be

the immunity or cure, and that this was not only occasionally true but that it was the rule throughout the realm of disease operations. Hence, his deduction, that any substance in nature would prove to be a remedy either prophylactic or restorative that possessed the power to create such an impression; inasmuch as the necessary "similar" was not, *per se*, in the form or physical character of the drug used, but in the condition of morbid impression which it created. Thus was necessitated the use of the single remedy and the death of polypharmacy. Thus was required the lesser quantity and the attenuated dose.

The study of drug-effects, the physiological action of remedies, the proving of the impression-producing power of curative agents was then inaugurated, following which came the tabulation of the positive effects of drugs administered to the healthy, and the construction of a pure *materia medica*. From that day forward, no substance in nature was too mean or unpromising to command respect or be made the subject of inquiry. It mattered not whether the agent was vegetable or mineral, the venom of a reptile or an insect, a disease product or a contagious virus, it was required to stand or fall upon its ability to stamp its signature upon the animal economy. For its power to originate such a morbid impression, foretold its ability to remove a like impression when produced by disease.

Whether, therefore, medicine be administered by inunction, vaccination or hypodermic needle, or be taken by the nose, mouth or rectum is immaterial so long as the most effective minimum dose of the single remedy is used—so long as that remedy is employed which has the energy to create a like condition. The principle, then, employed by Jenner and copied by all his successors is homœopathic; it is but a corollary of Hahnemann's law.

We have too long been stumbling over the apparent contradiction of "*similia*" and "*idem*," and have thus in a measure been debarred from the fruits of our conquest. Words are but clumsy vehicles for thought, and alas, how often only serve to shut out the meaning intended. To comprehend the thing for which they stand, we must look beyond them into the very soul of the question. For, whatever words may do, principles do not clash. God never allowed one truth to go to war with another or in any way infringe upon or circumscribe its action. Co-relation and interdependence is everywhere expressed.

A great law is like the centre of a stellar system, for in its mighty sweep around a greater centre it carries with it a brood of satellites, which not only revolve about it but draw from it their light and heat. Such a sun is "*Similia similibus curantur*," and such is its place in the domain of therapeutics.

Wherever remedies have acted in the prevention and cure of diseases, they have shown their allegiance to this centripetal power. In their various exhibitions of ability, often under the most adverse and embarrassing circumstances—as in polypharmacy, they have in their actions and reactions observed loyalty to this therapeutic principle, and have more and more voiced the demand for a single remedy, the minimum quantity and the similar condition.

Thus, through the ages, "has this increasing purpose run," all opposing influences to the contrary notwithstanding. For "*contraria*," *alias* allopathy, its chief antagonist, the self-styled "regular" of to-day (and which is typical of all our opponents), is, as ever, a wandering comet, has no gravital centre or guiding principle. Having started nowhere, it can go nowhere but into eventual oblivion. The great therapeutic facts that sparkle in and appear to be part of its immense tail are really not of it—do not move with it. They are the stars that shine through its appendage; they are the planets and satellites—the primaries and secondaries—of a therapeutic system—even "*similia*," which seems to dominate the therapeutic universe.

Such being the far-reaching majesty of this law, it is not singular that men are attracted to it, both consciously and unconsciously, as steel is drawn to a magnet, and that all efforts to repel them are unavailing. For here is a principle that in one short century has turned the medical world upside down, and wrought more changes for good than all previous contributions to the healing art combined.

This is the heaven that has worked and is working its marvellous transformations through that whole incongruous mass of jumbled facts called "the accumulated experiences of the profession," bringing order out of disorder, and system out of chaos. Heroic treatment, omnibus prescriptions, the lancet, leech, cauter, *et al.*, have been driven before it and are now employed only in remote or benighted regions, or by those practitioners who have been stationary since the 18th century.

"The proving of medicines on the healthy, the single remedy, and the fractional dose, are being appropriated by the old school as a benefaction; while the law of similars has forced its way both to open recognition and clandestine acceptance in the form of the opposite action of large and small quantities of drugs."—Hughes.

The literature of the whole medical world has felt the effect; and those works are the most popular in the old school that are the most saturated with this teaching, as is attested by the ready disposal of Bartholow, Brunton, Phillips, and the eleven editions of Ringer.

Commerce, also, is paying its tribute. The sails of trade are filled with its breezes. Even its enemies have been forced to manufacture and vend its wares. Our little pills, triturations, and innocent dilutions are no longer such objects of hatred and derision as they were in the Leipsic days. For inventive genius has been called to the rescue, and we are offered, forsooth, the clever counterfeit in the shape of "sugar powders," "sugar and gelatin-coated pills," "parvules," "compressed tablets," and tasteless pharmaceutical preparations.

Drug houses, big and little, are scrambling for the place, and are now willing to incur the displeasure of their old-time gods, and become, even in small measure, homœopathic pharmacies.

In every live country of the globe the same tendencies are manifest—the same scenes witnessed. Wherever freedom dwells the most securely, there homœopathy grows the most luxuriantly, and its demands are conceded the most generously. Rulers and lawmakers are growing sensitive to its requirements, and the public wants are better heeded. Colleges, hospitals, and dispensaries are chartered and endowed for it by the State, and public institutions are placed under its care. Within the present summer the Massachusetts Legislature has appropriated the additional sum of \$180,000 to complete and equip the Homœopathic Hospital for the Insane at Westboro, thus swelling the State's aid to this institution alone to the magnificent sum of over \$500,000, while that large penal institution, the Ohio Penitentiary, has in the same time been placed under homœopathic care. In addition to these, our National Congress has recently given homœopathy governmental recognition by making an appropriation of \$15,000 for the completion of the National Homœopathic Hospital at the Capital.

To further show that the spirit of this medical revival is not dead, and that it is not the crippled three-legged stool so facetiously described by the misguided Holmes over forty years ago, I call you to witness that since the utterance of that satirical statement there have been chartered and established in this country fifteen homœopathic colleges, which have standards of requirement equal to any in the land; which graduate annually over four hundred doctors, and which have alumni numbering over seven thousand; that during this time more than a duplicate number of physicians have joined their ranks, bringing diplomas from old schools; and that to-day, after one generation has passed away in death, there are more than ten

thousand physicians openly practicing homœopathy in the United States; while the number in the old school who are clandestinely practicing it and feeling their way into it, is astonishingly large; that the homœopathic literature is respectable, being represented annually in periodicals and books by an aggregate of more than twenty-five thousand pages; that we have one national, seven sectional, and twenty-eight State societies, embracing an aggregate membership of over three thousand; that there are in this country more than fifty general and special hospitals, possessing property valued at over \$5,000,000, and treating annually upwards of 25,000 patients; that we have forty-eight dispensaries, where from one to two hundred thousand poor receive annually gratuitous treatment; and that the patrons of homœopathy comprise millions of the most cultured and wealthy citizens of the Republic—every one of them filled with the missionary spirit and the desire to spread this medical gospel to the remotest bounds. Having once walked in the better way, they have no wish to return to the old labyrinth.

Even that barrier to medical progress, that Chinese wall around therapeutic science, that barricade against truth built by the American Medical Association, and known as Sec. 1, Art. 4, Code of Ethics—even that, I say, has felt the battering-ram of this changed public opinion and is tumbling to the ground.

I need not recount to you the steps of the desperate conflict that is now being waged behind its bars. But one thing is remarkable; it is not those from without who are endeavoring to scale this wall, but those from within. Sick of the prison-life to which it subjects them, they have attacked their keepers and are in deadly struggle for freedom. The cry is, "Liberty, equality, fraternity." It takes no prophetic eye to see that the Bastille must go—aye, is going.

That influence, now, which has wrought all this change; that "Social Contract" which has fermented all this revolution; that heaven-born truth, "Similia," which, like a day-star, has led men on to those great achievements—what of that? Is its mission ended? Has the time come to furl its banner and blot out the distinctions for which it has stood? No; to state it is to condemn it. As well ask the followers of the Divine Master to abandon that title bestowed upon them at Antioch, and no longer be known as "Christians," as to enjoin the abrogation of that name, which is above every name in healing—even homœopathy—with all that that implies. For a word is but the sign of an idea, a mere device for identifying a person or thing. In and of itself there is nothing odious. It is the thing for which it stands that is good or bad—attractive or repugnant. It is not, therefore, the mere cancellation of the word homœopathy that is demanded, but the cessation of the life it represents; the abolition of its manifestations; the death of its organization. For more than fourscore years this modest exaction has been made, but with what result, obtained in the face of what tremendous odds, the world knows. After the accomplishment of such vast good, and while it is but yet on the threshold of its great mission, it is clear that it is not destined soon to expire. The great Over-ruler will see to it, as He has in the past, that it is not blotted out; that men do not sell it for pieces of silver or betray it by means of a kiss.

Homœopathy is here by Divine command, has a vast realm yet to evangelize and redeem, and it will remain until all Ringer-like plagiarism shall be extinguished; until it shall be dishonorable for men to clandestinely adopt it, in whole or in part, and then openly oppose it and persecute it; until it can go unchallenged into any medical council or any medical journal in the world, and until there are no more diseases to heal.

Followers of Hahnemann: To you has been given the nurture and defence of this great truth. To you has been issued the command—Go into all the world and preach this gospel. Fail not to acquit yourselves worthily

and to stand firmly in the exposition of all this that is true and of good report in medicine.

Gathered now in annual conclave, there are some things around this council-board that we should seriously consider, honestly confess, and faithfully reform. For in the inventory of our possessions we have both needs and short-comings. In the spirit of truth, therefore, and for the mutual and general good, let us take a candid survey of the field; let us give and take wholesome criticism.

The most inexcusable and reprehensible thing among us to-day is the intolerance of opinion on various points so emphatically manifest. We are too much filled with the *esprit de corps* of the old camp—the spirit of the old day in opinion, when it was damnable to doubt, and heresy to think otherwise than you were bid to think. There is too much tendency among us to employ the “boycott,” and to ostracize those who are not of our conviction. If you do not employ that potency in prescribing which I deem the most desirable, or if you do not accept my estimate and rendition of certain theories promulgated in the Organon, then you are as an alien and heathen—worse even than the common enemy! One holds that medicines exhaust their curative powers before the twelfth potency is reached, and that all above that is “moonshine;” another believes that the cure is best made with the higher and highest potencies, and that any deviation from their employment is “mongrelism” and “allopathy.” This whole epithet-spirit is born of evil and is the carrier of no good thing. It is all contrary to the mind and heart of science. It is the mediæval over again. It should be at once consigned to oblivion and heard of no more among us. Strike with all your ability for that which you hold to be true, but generously accord your fellows the same privilege.

Remembering that Hering “never accepted a single theory in the Organon as there promulgated,” and that it is the essence of Hahnemann’s teaching “to totally disregard all theories—even those of one’s own fabrication—when they are in opposition to the results of pure experience,” let us catch and hold the catholic spirit of the great Dunham, and thus fuse ourselves into one harmonious body of scientific workers, each tolerant of the other’s views.

The question of dose was an open one when Hahnemann left it. It is an open one still, and cannot be settled as by the voice of a pope. To reach the final establishment of both, the rule and exception as applied to the requisite dose of each individual drug, in each particular case, appeal must still further be made to those great arbiters, *time* and *experience*.

I think, further, we should all be better readers of Hahnemann’s writings. There is too much ignorance on all hands as to what he actually taught. One should understand his environment and the limitations of the knowledge of his time in order to judge of his great abilities and make proper estimate of what he said and did.

The Organon should have first place among the text-books of every college; and every curriculum should make provision for its thorough study. A knowledge of the origin and growth to the present day of the various tenets of our belief should be obligatory upon all. Thus, only, shall students be established in correct practices, and be prepared to give well-grounded reasons for their convictions.

Again, every member of our ranks should be found in his place, doing his utmost for the dissemination of this principle. As long as our opponents are so thoroughly organized, it is our bounden duty to associate. Our societies should be strengthened by the membership of every subscriber to the law. Particularly is this so with regard to the American Institute. This is our representative body, and should be the pride of every loyal subject. Every one should be intensely interested in its welfare, the growth of its membership, and the correct expression of its influence. By the fruits of

this tree are we known and rated the world over. Every disciple of Hahnemann, therefore, in America, should see to it that his name is on its roll of members and that he is doing all he can to have it properly express this great truth. He should see to it that he does not lend himself to counter-acting influences in the establishment of societies that will cripple the forces of this society which is superior to all. This year, no less than four so-called "National" societies—beside this Institute, and composed almost entirely of its members—are meeting within this small city within the week, the most of them holding meetings during the same time as that occupied by the chief. With all my might I say *this should not be*. The proper place for every one of these societies is inside the American Institute of Homœopathy. And the proper and paramount business of this session is to see to it that these distracting and emasculating influences are, from this time on, neutralized. In these days of combination, such a diversity of effort should no longer be allowed to continue. These five societies should be "pooled," and the best efforts of all the members centred on the upbuilding of one common society that shall stand for all, and that shall make its name lustrous throughout the world.

To this end we should, as an institute, abandon our primitive methods and adjust ourselves to the demands of mature life. As it is, we are miserably cramped and nobody is satisfied. Not a single bureau is able to get the time necessary for the proper consideration of its subjects. Members are forced to hear their papers, upon which they have expended much time and thought, read by title and referred without discussion. It will not do to longer print volumes of so-called "Transactions" made up almost entirely of "referred" papers; or, what is still more aggravating, papers which have been mangled to death by an "abstract." It will not do longer to have sessions practically void of discussions. For this is why these collateral societies have been formed. This is the reason why many old members will not attend or furnish papers for these meetings, and will not pay their dues. If we would not have every one of our bureaus represented by a collateral society, and our membership lose its animation, we must no longer continue the suicidal order. It must no longer be heard that "the Institute is in a rut," "is run by a ring," and "its active members are smothered to death."

We must enlarge the area of our building to such an extent as to provide every one of our bureaus with ample accommodations; so that the bureaus in their turn may abolish all hindrances to advancement; may cease forcing their members to consider only text-book topics, and allow reports of original investigations along any line. When this is done, *progress* will be watched in this Institute; the enthusiasm of its work will become contagious, and its membership, which has been practically stationary for the last ten years, will be multiplied by two, three, or four.

There is no way to do this except by the adoption of the section plan. If you say "we have tried that" I shall question it most rigidly. In a large body like this no effort of that kind can be called a trial which does not embrace several sessions. Time must be allowed to get the machinery in order and working smoothly. Opportunity must be granted for amendment. We must have a chance to improve what is defective and supply what is wanting.

In this manner we shall succeed as perfectly as have larger societies before us, notably, the American Association for the Advancement of Science, and shall thus quadruple our working ability. Consonant with such a change, all needless barriers to membership should be torn away. We must study the problem as it is. Most young physicians are in straitened circumstances. They have mortgaged the future, many of them, to secure their education and make the outfit for practice. While it is a great inconvenience to be impecunious at such a time, it is not necessarily a misfortune.

The fact, however, remains that ten dollars is a sum that would be seriously missed by very many who would gladly join us, but who are thus debarred. I therefore question the wisdom of our present finance methods, particularly the imposition of an initiation fee, a demand without any obvious equivalent. Better abolish that fee entirely.

I respectfully suggest, therefore, that you at once appoint a special committee who shall consider this whole matter, and report a plan in the early part of the session, embodying all, for our consideration and adoption.

During the session of 1868, at the instance of Dr. Carroll Dunham, this Institute appointed a committee to compile for it a Pharmacopœia, which, when published, should be the official guide for the homœopathic pharmacists in this country. Dr. Dunham was made Chairman of this Committee and spent years in the prosecution of the work, which was finally interrupted by the Centennial Convention, and the early death of its indefatigable president. Among Dr. Dunham's papers was found a pile of disconnected MSS. awaiting final arrangement for the press. Unavailing effort was made to find some one who was willing to take up and complete the work; but the Committee dragged itself along and was finally, in 1880, discharged. Thus it ended, and thus it remains to this day. Since then two works have been issued to supply this demand, but inasmuch as they are at variance on vital points, there is still no uniformity in the preparations of our remedies; there is no authoritative command for our pharmacists to follow. Investigations made by the Institute in the past, and the researches of its Bureau of Pharmacy, which will be voiced to you during this session, all show how great is our need in this direction. When dried herbs and roots are substituted for fresh succulent ones in the manufacture of tinctures, and when triturations are proven to be as variable as the names of their makers, it is high time that something definite be done by this body to enforce uniformity. Then let the work of issuing an authoritative pharmacopœia be again taken up and carried to an early completion.

This will be an appropriate supplement to that other great work, the compilation of the *Cyclopædia of Drug Pathogenesis*, over which the American Institute and the British Homœopathic Society for the last two years have conjointly had a fostering care.

The purity and reliability of our *Materia Medica* is a consummation to be desired by all; but we have hardly yet begun to realize the great work that is here being accomplished for our science. To have the pathogenesis of every drug well authenticated; to have it freed from all error; to have it present the real truth of drug ability in every instance, is to plant the feet of every prescriber on the bed-rock of certainty; is to supply him with knowledge that will sustain him in the hours of extremity.

The three numbers of this publication already received, attest the ability and faithfulness of the work thus far accomplished, and furnish a tangible outline of its great usefulness. Nothing should be allowed to interrupt or embarrass the prosecution and completion of this work so well begun. We should continue to extend to its editors—our appointees—the substantial encouragement they need to carry out this work. For it is safe to say, that this is the nearest approximation to a "*Pure Materia Medica*" we have ever yet attained, and is a vast step in the right direction. The great work of our future is to perfect our acquaintance with the physiological action of drugs, by all the aids to observation furnished by modern science, and to present that knowledge in its acceptable form.

Finally, we are pained to note the absence here of faces long familiar, which can meet with us no more, having preceded us to the land of the unknown. Like soldiers returning from battle, we miss these comrades who have stood shoulder to shoulder with us on many hard fought fields, and who were battle-scarred veterans when the most of us here present entered the ranks. They have been the light of our councils and the source

of reliance in times of need. Is there one among us who is not thus bereaved?

"It singeth low in every heart
We hear it each and all.
A song of those who answer not
However we may call.
They throng the silence of the breast;
We see them as of yore,
The kind, the true, the brave, the sweet,
Who walk with us no more."

It remains now for us to emulate their example in all good works, and, if possible, by added zeal counteract their loss. These memories of our past—its fellowships and achievements—should bind us in closer allegiance to truth, and should inspire us—during the life-remnant—with greater fidelity in our work.

In closing, I desire to extend to you, fellow members, my sincere thanks for the high honor conferred upon me at your last meeting.

In grateful appreciation of this, your most valued gift, it is my earnest desire to subserve only your best interests. In the conduct of these affairs, therefore, I bespeak your kind assistance and patient indulgence.

Dr. T. Y. Kinne moved that a committee of five be appointed to consider the recommendations in the address and to report as early as possible. Carried.

Dr. H. E. Spalding, of Hingham, Mass., moved a vote of thanks to the President for his able address. Carried by a rising vote.

The Chair appointed as Committee on the President's Address, Drs. T. Y. Kinne, of Paterson, N. J.; A. R. Thomas and B. W. James, of Philadelphia; C. E. Walton, of Hamilton, Ohio; and E. H. Pratt, of Chicago.

The report of the

BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS,

Dr. T. Franklin Smith, of New York, Chairman, was next called for. Dr. Smith regretted that a number of societies and institutions had failed to answer his inquiries after statistics. He also said that the Committee had received the autobiographies of 351 members, and also the photographs of a number of the members. His report further showed that we now have five national societies, two sectional societies, twenty-eight State medical societies, ninety-two local medical societies, sixteen medical clubs, thirteen medical colleges and homœopathic hospitals in the United States, with 3342 beds. There are thirteen other hospitals from whom no report has been received. In those reported, 23,752 patients have been treated during the past year; 16,134 have been cured, 4567 have been relieved, and 598 have died.

Of these latter, 298 were in the Homœopathic Hospital of Ward's Island, and the majority were those who had been brought into the hospital in advanced stages of phthisis. 33 dispensaries have reported, leaving 15 unreported; 136,660 patients have been prescribed for, and 334,978 prescriptions made, with a cost of conducting these dispensaries of \$16,162.94. There are twenty-two homœopathic journals published in the United States, and two of these were born in the past year. There are thirteen medical colleges; 1124 students have matriculated, and 384 graduated during the year. There are now 7345 alumni of these colleges.

Dr. Becket, of Leeds, England, who was present, was invited to participate in the discussions of the Institute.

Dr. T. Franklin Smith was reappointed Chairman of the Bureau of Organization, Registration, and Statistics.

REPORTS OF DELEGATES

from other organizations being in order, Dr. J. B. G. Custis reported for the Homœopathic Medical Society of the District of Columbia; Dr. Joseph Jones, of San Antonio, Texas, for the Medical Society of that State; Dr. Fisher, of Montreal, the Homœopathic Medical men of the Dominion of Canada; Dr. J. H. McClelland, for the Homœopathic Hospital of Pittsburgh, Pa.; Dr. Hall, of Chicago, for the State Homœopathic Society of Illinois; Dr. N. Schneider, of Cleveland, Ohio, for the Medical Society of the State of Ohio; Dr. E. C. Moffatt, of Brooklyn, for the Kings County Homœopathic Society, the Brooklyn Homœopathic Hospital, and the Brooklyn Home for Consumptives; Dr. C. Mohr, of Philadelphia, spoke for the Homœopathic Medical College Hospital and Dispensary of that city; Dr. Foss, of Newburyport, Mass., for the medical society of his city; Dr. L. C. Grosvenor, of Chicago, for the Chicago Academy of Physicians and Surgeons; Dr. Wm. Owens, of Cincinnati, for the Ohio Hospital for Women and Children; Dr. B. W. James, of Philadelphia, for the Children's Homœopathic Hospital, the Philadelphia County Society, and the Hahnemann Club; Dr. A. M. Cushing, for the Homœopathic Medical Society of Western Massachusetts; Dr. Foss, of Massachusetts, for the Essex County Society; Dr. H. C. Allen, for the Michigan State Homœopathic Medical Society; Mrs. Dr. Waite, of New York, for the New York College for Women; Dr. Cheney, of New Haven, for the Connecticut State Homœopathic Medical Society; Dr. E. W. Sawyer, for the Indiana Institute of Homœopathy; Dr. I. T. Talbot, of Boston, for the Massachusetts State Homœopathic Medical Society; Dr. H. E. Paine, for the Westboro Insane Asylum; Dr. T. F. Allen, for the State Society of New York; Dr. T. Y. Kinne, for the New Jersey State Homœopathic Medical Society.

Reports from delegates then closed.

THE BUREAU OF MEDICAL EDUCATION

then reported through its Chairman, Dr. C. E. Walton, of Hamilton, Ohio. The subject presented was "The Relation of the Institute to Medical Education." Dr. Walton gave an interesting historical review of the subject, and he was followed by Drs. H. C. Allen and I. T. Talbot. Dr. Allen spoke of the necessity of our colleges keeping abreast of those of other schools in requiring from their students a preliminary education. He also advocated the graded course of study. While many colleges made certain preliminary requirements for matriculation, all did not live up to their rules in this respect. It was of more importance to us to secure good quality rather than mere numbers in obtaining medical students. In regard to the teaching of the lecturers, he said that their *ipse dixit* should not run contrary to the law of cure as promulgated by Hahnemann.

Dr. I. T. Talbot, of Boston, Mass., next took the floor. He spoke of the interdependence of the Institute and our colleges, one growing stronger with the aid of the other. He compared the primitive methods of medical education of the early years of this country and those of the last ten years. It is now not enough for a physician to have some general knowledge of the subject. He must be familiar with the microscope, ophthalmoscope, and other instruments of precision. We cannot as a school afford to lag behind our opponents in progress made. With the law of cure to guide us, we should be in the front. Homœopathy demands that its colleges shall be of the best. He thought that there was a possibility of our not having enough colleges, providing, of course, their students were of the best. There are 60,000,000 people in this country, for whose need 120,000 physicians will be required. To keep up this number, 6000 will have to graduate annually, when in point of fact our colleges send out but 400. There is an immense field open for us, providing we occupy it entirely. The cry

should be, for more colleges and better. We should demand of our colleges that every student shall be properly qualified; that their branches shall be studied systematically; that they have good instructors in every department; that they have good clinical facilities; that they have a hospital service to improve their teachers; that they shall be well provided with apparatus in every department; that they shall require a sufficiently long term of study. The members of the Institute should see that good students are furnished. It is a serious misdemeanor for any physician to encourage an unfit person to become a student of medicine.

The report of the Bureau being before the Institute for discussion, Dr. T. F. Allen, of New York, referred to the movements on foot to regulate the practice of medicine in various States. The result of these laws may be such as to necessitate the opening of a homœopathic college in every State of the Union. In that case, our students will be subdivided to an alarming extent. Concerning the New York Homœopathic College, he said that it could not require a three years' course of study, as no college in the State did that. The College of Physicians and Surgeons tried it but failed. They also tried a preliminary examination and failed in that also. The New York Homœopathic College requires a preliminary examination. It barely pays its expenses. It has lost considerable financial support in competition with other institutions of the city. He also referred to the practice common among some physicians of sending their students to old school colleges. This is not because these institutions give a better course of study, but it is because these physicians prefer that their students shall get allopathy first and homœopathy afterwards from their offices. It is a rare event for a student who goes through an allopathic college to become a homœopath.

Dr. Pemberton Dudley, of Philadelphia, held that the proper place to turn back an incompetent student is in the preceptor's office. Preceptors can further elevate the standard of colleges by refusing to allow a student to enter one which does not pledge itself to give the proper education. The second best place to turn back an incompetent man is at the preliminary examination. At the close of the examinations at the end of each college term, the student who is incompetent should be turned back there. If he fails a second time, he should be sent home and all the other colleges informed of the fact. One of the worst places to turn a student back is at the final examination, but the worst place of all is at the licensing board. Regarding the oft-repeated remark that the *Organon* and homœopathy were not taught in our colleges, he said, speaking for the Hahnemann Medical College of Philadelphia, that a grosser libel never existed. These are taught, and taught carefully. If Hering, Guernsey, Korndorfer, and Farrington did not teach homœopathy, there is no man who ever will.

Dr. B. W. James thought that the barrier should be at the entrance of the college, for there are many physicians educated by the old methods who do recognize the elements of a preliminary education, and are therefore not competent to give students a certificate.

Dr. J. H. McClelland spoke of the method adopted by the Allegheny County Society, which is to have a Board of Censors to whom all students are referred before they can obtain the aid of any member of the Society as a preceptor. This board can reject incompetent men without any personal feeling.

Dr. A. R. Thomas said that the plan referred to was a good one, as shown by the fact that the Hahnemann Medical College of Philadelphia had no better students than those who came recommended by the Allegheny County Society. Respecting the financial management of our colleges, Dr. Thomas said their fees were too small. We should charge as much as old-school colleges. If we all unite in this point, there should be no trouble.

Dr. R. Ludlam thought that Drs. Dudley's and McClelland's points were

well taken. But he would go even farther than they, and advocate the establishment of post-graduate courses, which should be practical and clinical.

Dr. J. D. Buck said that it should be considered a serious misdemeanor for a physician to accept into his office an incompetent student. Resolutions and boards of censors can do no good. The remedy must be applied here.

The Bureau was then closed. The President then appointed Dr. T. Y. Kinne Chairman of the Bureau for 1887, after which the Institute adjourned until 3 P.M.

AFTERNOON SESSION.

The Institute was called to order at 3.20 P.M. by President Runnels. Dr. George B. Peek, of Providence, R. I., as Chairman submitted the Report of the

BUREAU OF OBSTETRICS,

the subject for discussion being "Postpartum Emergencies." He called attention to the death, since the last annual meeting, of Dr. Alice B. McKibben, of St. Louis, Mo. He then proceeded to read abstracts of papers contributed to the Bureau. The first one was prepared by Dr. C. G. Higbee, of St. Paul, Minn., and related to the "Artificial Feeding of Infants."

The second one was by Dr. Sheldon Leavitt, of Chicago, Ill., who treated upon the

NORMAL THIRD STAGE OF LABOR.

Dr. Leavitt in his paper said that obstetricians differed in regard to what constituted a normal third stage of labor. Some say that it is normal only when the placenta comes away aided by the natural forces alone. He contended that it was also normal when the placenta was delivered by abdominal pressure, without accident or without marked symptoms. When the child has been handed over to the nurse, he watches for evidence of contraction. When it comes he coöperates with it by firm pressure on the fundus and *slight* traction on the cord. Repeated efforts may be required, but he always acts with the pains. The accidents that may occur during the delivery of the placenta are hæmorrhage, and rupture of the cord, and inversion of the uterus from undue traction on the cord.

The third paper was by Dr. L. M. Kenyon, of Buffalo, and treated of "Puerperal Fever."

The fourth was by the Secretary of the Bureau, Dr. Julia Holmes Smith, of Chicago, Ill., and dwelt upon

IRREGULAR CONTRACTION OF THE UTERUS DURING THE THIRD STAGE OF LABOR.

Dr. Smith's paper opened with a description of normal uterine contractions, after which she spoke of those which are abnormal. As anatomical causes of the trouble, she assigned (1) contraction of the external os alone, not infrequent, usually temporary, and due to hysterical conditions or traumatism; (2) spasm of the fibres about the internal os, the fundus and cervix being lax; (3) spasm of the circular fibres of the uterus; and (4)—least common of all—spasm of the entire organ. The author then proceeded to speak of the symptomatology and pathology of the trouble, after which she gave the following as the ætiology of the trouble: (1) Hysterical diathesis; (2) chorea; (3) chronic endometritis; (4) intra-uterine growths; (5) improper use of ergot; (6) traction on the cord when still adherent; (7) attempts to procure abortion during the early months of pregnancy; (8) malarial poisoning. By way of treatment, the author recommended thorough attention to hygiene during pregnancy as a prophylactic measure. When once the condition exists, we should trust to nature as long as possible.

Friction over the abdomen and vaginal douches of hot water were also advised. Finally, other measures failing, the hand should be forcibly introduced and the placenta removed.

The next paper was read by Dr. J. Nicholas Mitchell, of Philadelphia, on "Inversion of the Uterus."

The discussion on the report of the bureau was opened by Dr. L. C. Grosvenor, of Chicago, who said that he had had one case of inversion of the uterus. The patient was attended by a midwife. She died just as he entered the room. It was her fourth labor.

Dr. Jno. C. Morgan, of Philadelphia, spoke of a case to which he had been recently called by a young physician. The case was a complicated one, and after delivery of the child by forceps and extraction of the placenta, he directed the physician to apply friction over the uterus, which he did very vigorously, and immediately over the hypogastrium. Hæmorrhage came on in consequence. On making a vaginal examination, Dr. Morgan found a partial inversion of the uterus, to correct which he steadied the fundus with the hand in the vagina, while with the other over the relaxed tissues of the abdomen, he shoved the cervix down. In doing this, he applied his force in a spiral direction.

Dr. Geo. Nichols, of Brooklyn, described a case of inverted uterus to which he was called the day following confinement. The uterus and vaginal walls were inverted. The uterus was lying on the bed with the after-birth adherent. He cleansed the uterus, removed the after-birth, and restored the organ, keeping his fist within. After removing his hands, he found that the organ remained in position. He learned a week later that the woman was up and about in three days.

Dr. O. S. Runnels, of Indianapolis, said that he had once had a case of inversion of the uterus in a primipara. The labor was a tedious one, but was completed without the aid of instruments. The hæmorrhage was persistent, all measures seeming to be unavailing, until cold water was poured on the abdomen. All attempts to replace the inverted uterus only caused a return of the hæmorrhage, so he had to desist. The patient recovered without any inflammatory symptoms. An the end of twelve weeks, an attempt was made to restore the uterus, but with partial success. She refused to permit of any further interference. The displacement gave rise to a menorrhagia. She finally consulted an old-school physician, who advised her to institute suit for malpractice, which she did. Dr. Runnels won the suit, however. The inversion was spontaneous.

The Chairman of the Bureau here introduced Dr. Jno. W. Dowling, of New York, who had prepared a volunteer paper describing the case of a monstrosity recently delivered by him. The mother was very large at term, so much so that one might suppose that she was about to give birth to twins. When labor commenced he was sent for. On making an examination, he found the membranes protruding, but he could detect no presenting part. Occasionally something impinged against his examining finger. Labor progressed slowly. Finally he ruptured the membranes and there came forth an accumulation of water such as he had never before seen. Besides that which saturated the bedclothes, he collected an ordinary bucketful. Making another examination, he detected something that was irregular, rough, and firmly fixed. Finally he succeeded in mapping out one ear and then the other. Between these, was a smooth surface. With the next pain the monstrosity was born. It was a fetus, fully developed, so far as the face, thorax, abdomen, and extremities were concerned, but lacked the development of the bones of the cranium. It had a rudimentary brain the size of a hickory nut. The child never breathed. Dr. Dowling wished to ask the members of the Institute whether, in these cases in which there is a lack of development, the amniotic fluid is increased as in this instance; and whether, in the experience of those present, mental impressions made on

the mother during pregnancy exhibited themselves in the fœtus. The father accounted for the trouble in this case by the fact that he had taken his wife during the second month of her pregnancy to Barnum's, where she saw the Aztec children, to whom this monstrosity certainly bore a great resemblance. Dr. Dowling also related two other cases bearing on this point; one was that of a woman who, while pregnant, received a stab-wound in her right breast. Her child was born with a scar in a position corresponding exactly with that on herself. In another case, a woman had a horror of one-armed soldiers. On one occasion, while pregnant, she visited a friend who had lost one arm, and who frequently joked about it. He moved the stump against her shoulder; her child was born with one arm, the other being rudimentary. In closing, Dr. Dowling asked as to our duty in case a monstrosity like the one he described was born and lived.

Dr. L. C. Grosvenor said that he had had three such cases, in which the eyes were the highest part of the head. Three years ago, he delivered a fœtus in which there was this kind of head, with spina bifida, hare-lip, talipes, and five quarts of amniotic fluid. In every case in which he has met with a deformity, there has been an unusual quantity of amniotic fluid.

Dr. R. C. Moffatt had had a similar experience to Dr. Dowling, but the quantity of amniotic fluid was less than normal. When the mother was advanced in pregnancy two months, she was frightened by a cat, of which animal she always had a great horror. The shock was extreme. The birth was delayed four weeks. When the child was born, its eyes were like walnuts, projecting from above. The face was that of an idiot. The bone development was perfectly normal with the exception of that of the cranium.

Dr. Jno. C. Morgan said that the question how far we should encourage life in these cases need not disturb us, for these monstrosities never live and for this reason: Brown-Sequard has made autopsies of these cases, and has found entire failure of union between the brain and spinal-cord, and the peripheral nerves.

Dr. J. Nicholas Mitchell had seen two cases of acrania. One had an excess of amniotic fluid, the other had not enough. In one, he discovered syphilis as a possible cause; in the other, he could find no cause at all. One was born without any evidence of life; the other one breathed.

Dr. C. H. Lawton, of Wilmington, Delaware, asked Dr. Mitchell what sycosis had to do with the trouble.

Dr. Mitchell replied that he had found a history of syphilis, and he had merely suggested that that might be a cause of the trouble.

Dr. T. Y. Kinne reported two cases in his practice. In one, the fœtus very much resembled a crab. It breathed twice and then died. During pregnancy, the mother was frightened by a crab.

Dr. William Owens, of Cincinnati, also related cases in point. In one of these, the child lived five days. The cerebellum, medulla oblongata, and quadrigeminal bodies were still there, but of small size. The autopsy revealed that the connection between the respiratory nerves and the medulla was intact.

Dr. J. D. Buck had had two cases; one in which the amniotic fluid was normal, the other in which it was excessive.

Dr. Becket, of Leeds, England, referred to a case of congenital coloboma of the iris which he had seen. The mother attributed the trouble to a fright from a hare.

The discussion here closed. The President appointed Dr. Millie J. Chapman, of Pittsburgh, Chairman of the Bureau of Obstetrics for 1887.

The Institute then listened to the report of the

BUREAU OF PSYCHOLOGICAL MEDICINE,

of which Dr. J. D. Buck, of Cincinnati, O., was Chairman. The subject for discussion was "Will and Understanding (consciousness) in disease, Disturbed Brain-Function."

Dr. S. H. Talcott, of Middletown, N. Y., read a paper on "Mental Activity and Brain Impressions;" Dr. S. Lilienthal, of New York City, on the "Heredity of Insanity;" Dr. Buck, on "Physiology and Science;" and Dr. T. T. Brown, of Binghamton, N. Y., submitted a voluntary paper on "Medical Healing *versus* Medical Science."

Dr. Edward Hooker, of Hartford, Connecticut, said that Dr. Lilienthal, in his paper, had touched upon a very interesting point, namely, that of intermarriage among relatives. He gave a supposititious case of two couples, exactly alike in every possible respect, save that in the one case they were cousins, while in the other, they were not related at all. He asked Dr. Lilienthal if the couple who were cousins were any more likely to transmit a neurotic taint to their children than were the other.

Dr. Lilienthal replied that where both parties had a weakened nervous system, they must expect sickly children. Yet if they live as they ought to live, trying to keep pure in body and in mind, they may bring their children up well, with perfectly healthy nervous systems. Consanguinity of itself has nothing to do with the matter. It is only deteriorated consanguinity that transmits these ailments.

Dr. Titus L. Brown, of Binghamton, New York, said that when he was consulted respecting the advisability of marriage between cousins, that where they were of opposite temperaments, he tells them that they are safe. But the best advice is for cousins not to marry at all, especially when they are of similar temperaments.

Dr. William Owens referred to statistics bearing on this point, which did not show that consanguineous marriages were any more likely to beget defective offspring, providing the temperaments of the parents were of an opposite nature.

Dr. Jno. C. Morgan said that he was particularly interested in Dr. Brown's essay. Out of a promiscuous assemblage one man in eighteen, or one woman in six, was susceptible naturally to the impress of a stronger nature. He related the case of a boy whom he saw brought out by a mesmerizer and made to fish over the platform. Not very long afterwards that boy was arrested for receiving stolen goods and secreting them in his father's barn. Dr. Morgan did not believe that boy guilty of crime, for he was of such an impressionable nature as to be susceptible to the will of a stronger nature. Within a day or two Dr. Morgan had seen a woman who had had one thumb dislocated. She suffered severely from the pain; he assured her that everything would be all right. He gave her every assurance that the pain would cease, which it did at once. It returned again, however, after some hours.

EVENING SESSION.

Dr. R. N. Tooker, Chairman of the

BUREAU OF PÆDOLOGY,

announced the following papers: Dr. C. D. Crank, of Cincinnati, on "Respiratory Tract During Dentition;" Dr. Millie J. Chapman, of Pittsburgh, on "Croup;" Dr. C. W. Enos, of Jerseyville, Ill., on "Whooping-Cough;" Dr. A. A. Whipple, of Quincy, Ill., on "Laryngitis;" and Dr. Leila G. Bedell, of Chicago, on "Asthma."

The paper by Dr. C. W. Enos, on "Whooping-Cough," was read by title and referred for publication.

In her paper, Dr. Bedell said that

IDIOPATHIC ASTHMA

unassociated with other diseases, is too frequently overlooked in children, it generally being confounded with spasm of the glottis, or with the symp-

tomatic dyspnea associated with bronchitis. While spasm of the glottis, in her experience, occurs more frequently in boys than in girls, she has never had a case of asthma in a boy. By far the most important point in the ætiology of the affection, she finds to be heredity. All of her patients were of a delicate organization. She also found emotional states to play an important part in the causation of asthma in children. Thus in one case it came from grief, in another from fear of darkness, and in a third from bad dreams. In the treatment of these cases, the remedies she has found useful are but three in number, *Gels.*³⁰, *Sambucus*⁸, and *Ipecac*³. In the case of a child whose attacks were preceded by crying, *Gelsemium*³⁰ was the only remedy that ever gave relief.

Dr. R. N. Tooker, of Chicago, read a paper on

GENERAL CONSIDERATIONS ON THE SUBJECT OF DISEASES OF THE RESPIRATORY ORGANS IN CHILDREN.

He referred to the relative value of symptoms in children. In speaking of diphtheria, he said that when several are attacked in the same family the first case offers no basis for the others. The second case is apt to be more severe than the primary one, especially if the first case be mild and especially if the first patient be an adult. In twenty-six out of thirty-five families, this rule held true. He asked if others present had had a similar experience.

The papers of Drs. Crank and Whipple were read by their respective authors, and referred for publication.

A paper by Dr. M. Deschere, of New York, on "Lobular Pneumonia," was read by title, and referred to the Publication Committee.

Dr. S. Lillenthal expressed great regret that Dr. Deschere's paper was not read as he knew it to be a good one. One of the cases Dr. Deschere narrates was that of a child whom one of our best physicians failed to cure. Dr. Deschere was called, and observed that the child had the habit of rubbing its face with its hand. He consulted the repertory, and found that *Scilla* was the only remedy that had that symptom. He gave it in the 2d or 3d. In the morning he found the child better. In the evening the mother told him that as often as the child coughs it wets the bed. Then he gave *Scilla*²⁰⁰ which was a mistake. He should have given that glorious remedy, *Saccharum lactis*. Dr. Deschere's second case is just as interesting. He cured it with *Cina* because the child was pale about the nose and eyes, and when it coughed its lips were pale.

Dr. L. Pratt, of Chicago, regretted that while the papers read gave excellent descriptions of the diseases of which they treated, and full lists of the remedies useful in them, they failed to give the specific symptoms leading to the selection of these remedies in practice.

Dr. H. E. Spalding said that in cases of diphtheritic croup we would reach stages when we were ready to grasp at anything to save the life of the sufferer. He wished to refer to some measures that he had adopted a few years ago. He had used inhalations of equal parts of a ten per cent. solution of lactic acid in water and alcohol. Since he has used this, he has lost but one case of croupous diphtheria or membranous croup. In connection with this he dissolves fifteen or twenty grains of muriate of ammonia in two ounces of water, and gives it every quarter of an hour. By this method he has secured good results.

Dr. B. W. James, of Philadelphia, recommended Bromine by inhalation, as well as internally by the stomach.

Dr. William Owens thought Dr. Tooker's experience of thirty-five families with more than one case of diphtheria at the same time, was extraordinary. He himself had not had more than three. His experience had not taught him to accept the theory that diphtheria was contagious without question. He regarded croupous diphtheria as a terrible disease. Since

using inhalations of lime he had treated seven cases with but one death. He uses quicklime in hot water. The patient inhales the steam from this from eight to fifteen minutes at a time. He repeats it as often as the croupous cough returns. The patient is relieved by it in a very few minutes. If one looks at the provings of *Calcaria caustica*, he will find as good a picture of diphtheria as he could wish to see. Along with the lime, he uses the indicated remedy internally.

Dr. L. C. Grosvenor wished that he could say he had lost as few cases of croupous diphtheria as has Dr. Owens. He had had many a sad experience; but he has found this one thing, that those cases that take and retain nourishment are the ones that bear the ailment the best. He had used Murdock's liquid food very largely, with great satisfaction, for nourishing his cases.

Dr. J. P. Dake was unable to agree with Dr. Owens. If we may not call diphtheria contagious, we must, at least, call it infectious. Several years before, he had attended a family in which there were several severe cases of diphtheria; the messenger whom they sent after him had the misfortune to cut his leg. On returning, that man staid in the sick-room about half an hour and then he went to his home. In the course of two or three days that wound was covered with diphtheritic membrane. Dr. Dake thought that this fact taught that diphtheria was contagious, or at least that there was something in the atmosphere of the room where these children were, that became engrafted on the wound. Before this man's case terminated, the membrane involved the throat. His wife and sister-in-law also contracted the disease. Dr. Dake believed that in diphtheria there was a living germ; that there are many facts which teach him to isolate his case and to keep others out of the sick-room. He thought that this is the only course of safety.

Dr. A. I. Sawyer, of Monroe, Michigan, spoke of two cases which supported what Dr. Dake had said. One was that of a young man who was seriously scalded. The entire integument of the injured part sloughed off, and he appeared to be convalescent; the wound was healing nicely. About that time diphtheria broke out among the younger children of the family; very soon the membrane appeared in the wound on the young man's side; the healing process ceased; the wound became worse than ever and the young man died. The second case was that of a little boy who was cut by an axe on the foot. Dr. Sawyer dressed the wound, which did nicely till diphtheria appeared in the family; the boy took it; gangrene set in in the wound, and he died.

Dr. Clitus S. Hoag, of Bridgeport, Connecticut, said that while those members present had laid considerable stress on means for dissolving the membrane, he thought that when this is accomplished they have just begun to get into trouble.

Dr. C. W. Butler, of Montclair, New Jersey, said that he considered alcohol a prophylactic in diphtheria.

Dr. J. H. Carmichael, of Massachusetts, had used Sulphocarbonate of soda in diphtheria with wonderful success. He considered it almost a specific. In regard to nourishment, he gives anything that the patient will take. In one case he sustained life for three days with nutrient enemata.

Dr. A. C. Cowperthwaite, of Iowa City, said that he had been patiently waiting to hear some one say something concerning the homœopathic treatment of diphtheria. It looked almost as though he had strayed into a meeting of old-school physicians. One man says that the remedy must be Lactic acid, another Sulphocarbonate of soda, and so on. He never went off on that kind of a tangent but once, and then the child died. The case came to him from the old school; he became confused, and resorted to inhalations of lime and bromine, and the child died in the morning. He said we should stick closely to our homœopathic remedies; with these he had had

remarkable success; three patients he had saved with *Lachesis*. In one of these the symptom calling his attention to this remedy was the tendency of the child to handle the throat. In another case, he had used *Causticum*.

Dr. Grosvenor asked Dr. Cowperthwaite if he had ever cured any of those cases in which the membrane lines the throat, respiratory tract, vulva, etc.; in fact, when the membrane was everywhere?

Dr. Cowperthwaite said that he never allowed a case to get that far before he succeeded in curing it.

Dr. Lougee said that all treatment of diphtheria must be antiseptic; he now relied on two remedies, *Mercurius corrosivus* and Labarraque's solution, with alcohol as a gargle. He never meets with diphtheritic croup or any of the bad cases; in fact, he believes diphtheria can be cured almost every time.

Dr. H. C. Allen asked if there had been any proving of Labarraque's solution.

Dr. Lougee replied that experience was his only guide in its use.

Dr. Tooker was called upon to close the discussion. He said, respecting the treatment of diphtheria, that were he obliged to confine himself to any one remedy, that remedy should be Mercury, for it is eminently homœopathic. If he could have but one stimulant, that should be alcohol. As for the Sulphocarbolate of soda, the use of that remedy started in Chicago several years ago. It took just six months to explode the idea that it was the remedy for diphtheria. He did not know of a single physician in that city who uses that remedy to-day.

The President appointed Dr. C. D. Crank, of Cincinnati, Chairman of the Bureau of Pædiology for 1887.

In the absence of the Chairman of the Committee on Medical Literature, Dr. Pemberton Dudley presented the report of that Committee asking that it be read by title and referred for publication.

The President appointed Dr. Dudley Chairman of the Committee on Medical Literature for the ensuing year.

THIRD DAY—MORNING SESSION.

WEDNESDAY, June 30th.

Dr. Sawyer, the Vice-President, called the Institute to order at 9.30 o'clock. At the opening the attendance was very small, but a few moments after, the usual attendance was present. The report of the Intercollegiate Committee was laid over until Thursday morning. The report of the

BUREAU OF OPHTHALMOLOGY, OTOTOLOGY, AND LARYNGOLOGY

was then taken up.

The first paper was read by Dr. F. Park Lewis, and was prepared by Dr. D. G. Woodvine, of Boston, on

TREATMENT OF HYPERTROPHY OF THE TONSILS.

The paper was replete with valuable information. The author spoke favorably of the operation of excision of the tonsils. By means of it relief to unnatural respiration is obtained. It secures a natural tone of voice. It clears articulation. It promptly relieves or cures nasal catarrh and promotes a healthy condition of the general system by increasing the amount of oxygen supplied to the lungs. It may also relieve oral deformities, chest difficulties and heart complications.

Dr. H. P. Bellows, of Boston, presented a paper on

GELATINE PREPARATIONS FOR AURAL DISEASES.

He said that it is generally conceded that in the treatment of the diseases of the ear, the remedies must, at times, be locally applied. The extreme pain which attends some diseases must be palliated by local measures, while internal remedies are curing the disease. In still other cases, it is thought by many, that the local use of a remedy in addition to its internal administration is necessary to secure its full remedial action. Instillation of solutions has great disadvantages. In the first place, these solutions must be prepared properly and warmed. Their introduction requires skill and they do not remain in contact with the diseased surface after instillation. On the other hand, the gelatine preparations are readily introduced. They liquefy slowly so that the remedy is kept in contact with the diseased surface for a long time; they exclude air from the diseased part through the action of the gelatinous coating. To remove them from the ear, it is only necessary to syringe with warm water. So far as Dr. Bellows was able to ascertain, Dr. Gruber, of Vienna, was the first to use these preparations. The shape of his preparations is that of an elongated egg, eight, seven and six millimetres long by five, four and three in width. Another aurist of eminence, uses these gelatine preparations in the form of shavings. The principle, however, is the same in either case. Other shapes for these are those of a little round ball and of an almond. As to the remedies applied by this means, they are morphia, zinc sulphate, nitrate of silver and carbolic acid. Dr. Bellows said that he had provided himself with a stock of these preparations when in Vienna, as they were not at that time to be obtained in the United States. They are now made by Messrs. Otis, Clapp & Son, of Boston. They are made in the shape of a bean, are readily introduced and as readily retained. Dr. Bellows, in closing, suggested that these gelatine preparations might be a good medium for the local exhibition of the indicated homeopathic remedy.

Dr. H. C. French, of San Francisco, Cal., presented a paper on "Operations for the Cure of Entropium and Trichiasis."

Dr. James A. Campbell, of St. Louis, presented a paper describing

A NEW EAR ELECTRODE.

It consisted of two curved, movable, insulated arms passing through a small hard rubber block. These are easily adjusted to any head by means of two binding screws. The upper ends of these insulated rods terminate in sockets to which the conducting cords of any battery may be attached, thus permitting the use of the two currents, the positive on the one side and the negative on the other, which may be readily reversed. The ends of the rods, which are introduced into the ear, terminate in olive shaped metallic bulbs. The whole electrode weighs but one and three-quarter ounces. It is retained in position by its own elasticity. The electrode has been used with good effect in chronic hypertrophy of the outer canal, irritation and subacute inflammation of the cartilaginous tissues near the orifice, diseases of the ceruminous glands, chronic otitis media catarrhalis; etc. In all hyperplastic or inflammatory conditions, galvanism is the most beneficial; in those cases, where the defect depends upon innervation or irritation of the small muscles of the middle ear, then the faradic current is of more service. Only the weakest currents of electricity should be used on the eyes or ears. This electrode has the advantage that it may be used by the patient.

Dr. Campbell said that his electrode was not patented and he had nothing to make by its introduction and use. He presented it to the Institute as a gift to the profession.

B. W. James, M.D., read a paper on "Glaucoma," which was an elaborate and exhaustive review of the literature of the subject. The author laid special stress on the importance of placing patients with this disease

under the observation of a specialist before the loss of vision should become irremediable.

The last paper presented by the Bureau was by Dr. Alfred Wanstall, of Baltimore, Maryland, and was entitled

FERRUM PHOS., IN INFLAMMATORY AFFECTIONS OF THE EAR.

The author said that Ferrum phos. was one of Schüssler's remedies. It has been highly recommended in aural affections by Dr. Houghton, of New York, whose indications for the remedy are good. To illustrate the action of the remedy, Dr. Wanstall related the histories of several cases occurring in his practice.

CASE I was that of a patient who ran down in health every Spring. She contracted a coryza which was epidemic at the time. The inflammatory symptoms involved her throat, which she had sprayed by an old school physician. Then the left ear became affected. It felt as if full and the hearing was dull. The Eustachian tube was pervious by Valsalva's method. Pain appeared in the ear and grew rapidly worse. It was severe and paroxysmal in character. There was a sensation as of a plug in the ear. The membrana tympani was slightly injected, but did not bulge. The meatus auditorius was bright red. The ear was sensitive to touch, particularly on taking hold of the auricle and when introducing the speculum. The apex of the mastoid process was sensitive to touch. The ear was wrapped in raw cotton and Ferrum phos.^{6x} prescribed. Improvement was immediate. The points of importance indicating Ferrum phos., were absence of exudation, the paroxysmal character of the pains and the tendency of the vascular engorgement to diffuse itself, and the fact that the general health was below par.

CASE II. The patient was weak, pale and cachectic. She had suffered from earache on the right side for four or five days. For three days, the ear had been discharging without relief to the pain. There was also severe pain in the right parietal eminence radiating towards the ear. The membrana tympani was red and perforated. The discharge was mucopurulent in character. The meatus auditorius was red and swollen. The mastoid process was sore to the touch. Ferrum phos.^{2x} was prescribed. The next day the patient was better in every way. This treatment was continued one week, at the end of which time all inflammatory symptoms had subsided. The special features in this case calling for Ferrum phos., were the anæmic state of the patient, the radiating character of the pain, and its persistence after the discharge had been established and the character of the discharge.

CASE III, was that of a man who had suffered for three days from earache with deafness. The meatus auditorius was filled with soft, white, cheesy matter. The canal was exceedingly sensitive. The membrana tympani was swollen, red and without visible perforation. The mastoid process was swollen, boggy and tender to touch. The pain was radiating in character. There was pulsation felt in the ear and a subjective blowing sound heard. The general condition of the patient was good. Ferrum phos.^{6x} was prescribed. The next day the patient was about the same except that the mastoid process was more tender. Ferrum phos.^{2x} was then given. By the next day the pain was entirely relieved. The swelling over the mastoid was nearly gone and the patient was discharged.

CASE IV, was that of a tall, thin, cachectic looking girl. Her anæmia was due to chills and fever. She had never menstruated. Her complexion was earthy. She was weak. She had no appetite. Her pulse was small and rapid. For two weeks before coming under observation, she had pain in the right ear. The ear had been discharging for one week, but without amelioration to the pain. The pain was jerking in character and diffused.

The membrana tympani was deeply red and perforated. Belladonna was prescribed. By the next week, there was no relief. The membrana tympani was in the same condition. For two days she had had double vision. There was convergent strabismus of the right eye. The right mastoid process was sensitive to touch. There was pain over the whole right side of the head most marked in the temporal fossæ. The mastoid was not swollen. Paracentesis of the membrana tympani was followed by hæmorrhage. *Ferrum phos.*^{12x} was prescribed. The next day the patient felt better. The sensitiveness of the mastoid was about the same and there was possibly less redness of the membrana tympani. July 15th. The patient is no better. Less discharge can be drawn through the opening in the tympanum. The right side of the face feels as if burnt or scalded. July 16th. Less pain; passed a better night. The mastoid was less sore to touch, the discharge slight but very offensive. July 17th. Brighter and less oppressed; no pain except over right eye. Still has burning pain in face, but only at the angles of the mouth. The teeth feel as if they were falling out. The discharge is very slight and less offensive. Some fullness about the tongue in speaking. The prescription was changed to *Kali mur.*, which improved her. Still slight pain from pressure over the right temple continued along with the scalded feeling in the face and the sensation as if the teeth felt too long, and double vision. July 23d. Yesterday she was taken with severe pain in the occiput until evening. At night she had severe pain for three hours, with profuse discharge. The patient was much oppressed. She vomited. Her pulse was weak and her temperature 101.8°. The soreness of the head has returned. The membrana tympani is red and the mastoid process tender. The eye and face as before. Returned to *Ferrum phos.* July 24th. She is better in every way. August 21st. The ear is healing. She still has the convergent squint. The teeth still feel loose. There is anæsthesia of the face. Tongue is still numb and thick. Sleep and appetite are good; general health is much improved. August 24th. The sensibility of the trigeminus is nearly normal. Her general health has improved wonderfully. The right eye still converges, there being little or no power over the external rectus. Faradism was now used. In a short time after this, the patient was perfectly cured. This case is of unusual interest on account of its rare clinical features. Most important is the condition of the patient herself, highly anæmic, amenorrhœic, and next the objective symptoms of the ear, the redness of the auditory meatus and the membrana tympani, the muco-purulent discharge, the tendency to hæmorrhage, and the subjective sensitiveness to touch. The special point of interest was the diffused nature of the inflammation. There was present undoubtedly an irritative meningitis with exudation as shown by the right sided cranial soreness and the interrupted functions of the abducens and trigeminus.

In summing up his indications for *Ferrum phos.*, Dr. Wanstall said that he was perfectly aware that they were purely clinical. It is indicated in the early stages of inflammation or later when there is pulsation in the ears or when fever comes. The pulse is quick, but it should be compressible, rather than hard and full as in active inflammation. It is indicated in inflammatory ear troubles occurring in an already vitiated constitution. These cases very readily run into suppuration. There is but little tendency to spontaneous cure. They always present this clinical feature, constitutional disturbance out of all proportion to the local trouble. The indications may be tabulated as follows:

1. Marked tendency of the inflammatory process to be diffused.
2. Dark, puffy redness of the parts.
3. Muco-purulent discharge and tendency to hæmorrhage.
4. The appearance of the discharge is not followed by relief of pain.
5. Paroxysmal and radiating character of the pain.

The Report of the Bureau being before the Institute for discussion, Dr.

A. A. Whipple remarked that in his experience the treatment of chronic hypertrophy of the tonsils with medicine was attended with imperfect success. He, therefore, favored surgical measures, as excision of the tonsils. In performing this operation he uses cocaine as an anæsthetic.

Dr. A. L. Tompkins, of Jamaica Plains, Mass., said that within three or four months he had a case of chronic hypertrophy of the tonsils, with frequent inflammatory aggravations. The patient was a young lady. Her father had had a similar trouble, with constantly recurring inflammation from the slightest cold. *Baryta carb.* had been successfully used in this case so that when the daughter also came to Dr. Tompkins, after she had been under old school treatment without benefit, he felt sure that *Baryta carb.* was her remedy. She had aggravation from cold. He, therefore, prescribed this remedy in the fourth decimal trituration, one dose night and morning. That was continued for twenty days. At the end of three weeks, she developed an eczematous eruption on the face and hands and which Dr. Tompkins had observed in other members of the family, particularly in the father. In a younger member of the family, an eczema had assumed the indications for Graphites, which was successfully used in that case. The young lady, however, was put on *Saccharum lac.*, under the supposition that the eczema would disappear. After two or three weeks, the eruption had not improved and there was considerable itching. The tonsils were still enlarged. Dr. Tompkins then learned that damp, cold weather had been observed as the condition more likely to be followed by aggravation. He, therefore, selected *Dulcamara*, which cured both the eruption and the enlarged tonsils.

Dr. N. R. Perkins, of Winchendon, Massachusetts, asked if, in acute glaucoma, there could be contraction of the pupil?

Dr. James replied, that there could be in rare cases, but not as a general thing. Where there had been an iritis and the pupil was bound down, there would be contraction.

Dr. H. C. Allen said he was not a specialist, but he had had two or three lessons in the treatment of hypertrophy of the tonsils. He once asked Carroll Dunham if he could tell him how to cure a case of that kind and received the following piece of advice which he had never forgotten: "When you examine your patient for tonsillar hypertrophy, don't allow the patient to open his mouth; never look at his tonsils. Don't prescribe for the tonsils, but for the patient."

Then he went on and told Dr. Allen how to cure his case and suggested *Silicea*³⁰, which cured promptly. In another case of hypertrophy of the tonsils, removal had been recommended by a surgeon. The patient, a young girl, came to see Dr. Allen. She was of a scrofulous diathesis, as all such cases are, and had suffered in early life from an herpetic eruption. An eruption, at the time of coming under treatment, was on her hand and showed a characteristic tendency to crack and fissure. Her menstruation was delayed and scanty, she had a fetid foot sweat. Graphites was prescribed and cured all her symptoms, enlarged tonsils included.

Dr. Fisher, of Montreal, Canada, remarked that many looked upon the tonsils as organs of luxury and not of necessity. He thought them necessary. In the experience of physicians, who had removed many tonsils, atrophy of the breasts sometimes follows the operation.

Dr. C. H. Vilas, of Chicago, said that he was a specialist, therefore, he wished to commend Dr. Allen's remarks. He did not think it necessary to excise the tonsils. He had never seen a case that failed to be removed by the internal remedy. He used to excise tonsils for this trouble, but he has abandoned the practice. There is a strong belief among many physicians in the old school, that excision of the tonsils is followed by bad results in remote organs.

Dr. H. C. Allen said that he did not think it scientific to remove an organ in order to correct its function.

Dr. B. W. James said that glaucoma is an insidious disease which has periods of improvement that are most deceptive. He believed glaucoma to be a pure neurosis. It has been cured by remedies in the prodromal stages. After we have cupping of the optic nerve, or after we have absolute changes, we cannot expect any restoration of vision. Under the use of Eserine, cases have been cured. He had also seen cases which have been restored to absolutely perfect vision by internal medication. That being so, the operation of iridectomy is of questionable wisdom. He believed that this operation is not so simple in its results as we suppose it to be. The artificial opening in the iris is disfiguring and interferes with vision. In many cases, it fails to stop the progress of the disease. Our safest plan is to watch these cases carefully, prescribing according to the symptoms, resorting to operation when all other measures fail.

Dr. H. C. French, of San Francisco, did not believe that Eserine will cure glaucoma. In secondary or sympathetic glaucoma it is most beneficial. In a case of serous iritis with increase of tension, the use of Eserine in three days brought the tension down to normal and increased vision to one-half.

Dr. Jas. A. Campbell, of St. Louis, said that he knows of no disease that is more perplexing. A temporary increase of intra-ocular tension, which is not that of glaucoma, may occur. He always regards an operation as the measure of last resort. Sometimes glaucoma destroys vision in an incredibly short space of time. In one case under his care, sight was lost in one eye within a half hour. Four years later, the other went in the same fashion.

Dr. H. C. Houghton said that he took the same ground as did Drs. Vilas and Lewis. He believed that the knife should be the last, the remedy the first resort. There is a constant pressure on the part of the specialist and on the general practitioner, to substitute the local and operative for the internal and alterative. We shall fail of the success we have had in the past and we shall be robbed of our laurels in the future if we depart from our law. During the past year, circumstances have made it necessary for Dr. Houghton to review his experience of the past. He comes back to his present experience of the application of homœopathic principles with firmer convictions than he had twenty years ago. On the allopathic side, Burnett says that he has seen cases of enlarged tonsils operated again and again and he gives a series of cases in which serious results followed this operative procedure. Dr. Houghton said he could cite cases showing that enlarged tonsils have followed the local application of mercury to the scalp for the cure of eczema and when as the result of homœopathic medication, the enlarged tonsil has disappeared and the eruption reappeared. Then the eczematous eruption was cured by the same benign influence, the tonsils still remaining healthy. Speaking of electricity, Dr. Houghton observed that it is to be noticed that those who are the most positive in pronouncing their opinion as to its uselessness, are the ones who know the least about it. It is some fifteen years since he began to use it, and with more than satisfactory results. Besides the effects produced by itself, it seems to aid the action of our remedies. In closing his remarks, he said that Dr. Wanstall's paper was one of great value. He heartily endorsed its contents. This closed the report of the Bureau. Dr. C. H. Vilas, of Chicago, was appointed Chairman for the ensuing year.

THE REPORT OF THE DIRECTORS OF PROVINGS

was next received through Dr. C. Wesselhœft, of Boston. This report was imperfect, owing to the short time in which Dr. Wesselhœft had to prepare it. Partial provings of some drugs, as *Adonis vernalis*, *Lilium tigrinum*, and *Zincum iod.*, had been made, but the committee were not satisfied with these.

The report was accepted and the committee continued. Dr. Chas. Mohr, of Philadelphia, was added to the committee to fill the vacancy caused by the death of Dr. E. A. Farrington.

THE BUREAU OF MICROSCOPY,

Dr. A. R. Wright, of Buffalo, Chairman, next reported.

This report included six papers: "Effect of Prolonged Trituration of Copper with Glass," by Dr. C. Wesselhœft, of Boston; "A New Prophylactic Against Scarlatina," by Dr. Crouch, of Nyack, N. Y.; "The Bacillus of Diphtheria," by Dr. Jno. C. Morgan, of Philadelphia; "The Bacillus of Cholera," by Dr. W. A. Haupt, of Chemnitz, Germany; and "Resumé of Foreign Literature on Bacteria," and "Resumé of Literature of the Bacillus of Tuberculosis," by Dr. A. R. Wright, of Buffalo, N. Y.

TRITURATION OF COPPER.

Dr. Wesselhœft said that the object of his paper was to discover whether it is possible to triturate hard substances beyond a certain point; in other words, to see whether there is a limit to the divisibility of the drug particles when triturated by the Hahnemannian system. To do this in the most effectual way, he did not use sugar of milk, but glass, which, being harder, he thought would cut the copper into finer particles. Another reason for choosing glass was the interesting fact, known to microscopists, that finely divided glass, when mounted in balsam, disappears or becomes practically invisible; when there is a certain amount of copper or other opaque substance ground with the glass, its minute particles at once become visible. On comparing slides prepared from triturations of different lengths of time, he proved that there was a limit to the divisibility of this substance by trituration, and this limit is reached in the earliest stages of the process. A trituration of four hours is no different from that of one hour, except that some of the *larger* particles become reduced to the minimum size. The smallest particles of copper produced were from $\frac{2000}{1000}$ to $\frac{3000}{1000}$ of a millimetre in diameter. The particles thus obtained may seem to be gross materialism, yet they are so small that they will remain in suspension in liquids for weeks and months.

Dr. John C. Morgan, of Philadelphia, read a paper entitled

THE NEW BACILLUS OF DIPHTHERIA,

Reviewing the report of Dr. Friedrich Loeffler, as published in the records of the German Imperial Health Bureau for 1884, extending from the earliest observations of Laycock and his erroneous, but suggestive thought that the false membrane of this disease might be due to the same fungus as that found in thrush, viz.: the *oidium albicans*, down to those of Klebs, announced by him at the International Medical Congress, at Wiesbaden, in 1883, followed by his own elaborate and confirmatory experiments showing that the now well-worn *micrococcus* or "little berry" form of bacteria is not the only one found in close relation with diphtheria and its products, if, indeed, it have any causative influence at all, which is greatly doubted, and that a bacillus or rod form of microbe, both curved and straight as to individuals, is its companion and rival for the bad eminence of the ætiology.

The antiquated and almost reckless methods of preparing, staining, etc., heretofore applied, the non-use of oil-immersion objectives, and of Professor Abbe's condenser are criticized; the uniformly superficial location of the micrococci in the diphtheritic membrane, but their presence in the blood and internal organs; these facts are taken, along with their identity, with the organisms found in erysipelas, puerperal fever, and other infectious diseases, besides their usual presence in the healthy mucous cavities; and

finally, with Loeffler's own experiments by pure cultures, on animals, of the micrococci found by him in diphtheritic membranes, carefully isolated upon *solid media* from the companion organism, whereby no disease even resembling diphtheria was in any instance produced; whilst, on the other hand, the isolated bacillus, by similar inoculation, did habitually produce it. From all these data, Loeffler concludes that this bacillus, announced in 1883 by Klebs, and confirmed by himself, by recent and numerous experiments, is the real and efficient ætiological factor of diphtheria.

The bacilli are found in the pseudo-membrane (in complete sections, including the tonsil and the exudation in their natural relations) more deeply located than the micrococci. He refers, in effect, to three strata of this membrane, viz.: superficial, a middle, and a contact layer; the latter being, one may suppose, a sort of moribund exudation merely, from the enormously distended vessels, being simply fibrinous, without organisms; the other two inhabited as stated. None were found in the internal organs; whence his inference that they devitalize the body only *secondarily*, by forming a poison which is unorganized, but, being absorbed, does its fatal work. In this we are reminded of the recent discovery of the self-generated poisons of the body, the ptomaines, and also of the antecedent theory of Dr. B. W. Richardson, of "the Glandular Origin of Infectious Diseases."

Two points of special interest to the faithful followers of Hahnemann are: first, the fact that some animals proved to be an unfavorable soil for the inoculated bacillus. The pure practice of our art implies a favorable soil in *every* patient; and the correction of that soil, viz.: the individualities of the sick one himself (and not the laboring of the disease), is the only true curative. This is shown further by the fact that the bacilli were found in at least one healthy child, in the buccal mucus; and that the pure cultures of these very specimens, to the fifth generation, killed sparrows, with characteristic lesions of diphtheria; the child, meanwhile, remained healthy, being an unfavorable soil; this, then, is our therapeutic mark.

Secondly, Dr. M. P. Jacobi, who presented this subject to the Clinical Society of the Post-graduate School of New York, took occasion to remark, that among all the parasitic diseases, the only one whose therapeutics had been at all advanced by the modern discoveries of specific parasites, is scabies. Thus, we may still confide in the leader who had long before showed us how we may treat cholera, and typhus fever, and all that ilk, promptly and with success, by *systemic* medication; still, and ever, treating the patient, rather than the disease.

We may add that Koch himself deprecates the use of germicides against cholera, and for this reason, viz.: that its bacilli are destroyed by those of simple putrefaction; whilst germicides merely destroy the latter, and so encourage the life of the specific cholera organism. May not the same be found true, some day, of the diphtheria bacillus?

Dr. Charles Mohr, of Philadelphia, asked Dr. Wesselhoft whether he meant to say that the fourth trituration of copper was no more minute than the first, or whether his experiments referred merely to the fact that when the first trituration was conducted over a space of four hours, comminution was no greater than it was at the end of one hour?

Dr. Wesselhoft said that he used precipitated copper in his experiments because the particles are small. In reply to Dr. Mohr, he said that the particles in the last trituration are not smaller than those in the first. The only difference exhibited between the two was that the larger particles were more thoroughly subdivided.

Dr. Lewis Sherman, of Milwaukee, said that the experiments of Dr. Wesselhoft were important and fundamental. He was thoroughly satisfied that these observations were correct.

The Institute then adjourned until 2.30 P.M.

AFTERNOON SESSION.

The Bureau of Gynecology reported through its Chairman, Dr. L. A. Phillips, of Boston. A paper prepared by Dr. S. P. Hedges, of Chicago, on "Organic Diseases of the Cervix Uteri," was read by Dr. L. A. Phillips. Dr. Phil. Porter, of Detroit, Michigan, next read a paper by himself on "Diseases of the Uterine-Lymphatic System." Dr. H. K. Bennett, of Fitchburg, Mass., read a paper on "Diagnosis and Treatment of Diseases of the Endometrium." Next, Dr. L. A. Phillips read a paper on

FIBROID TUMORS OF THE UTERUS.

In speaking of the treatment of the affection, Dr. Phillips said that the remedy should be chosen according to the nature of the growth itself, and not according to the symptoms which result from it. Clinical observations only can be utilized, for we have not in our provings pushed the remedy far enough to produce this pathological condition. The remedy which he has used most successfully is the Iodide of lime. He has used it as advised by Dr. Beebe, of Chicago. He dissolves ten grains in a tumblerful of water and gives one tablespoonful of this three times daily. Thus far he has used this remedy in twenty-three cases, and with such results as to show that while it is not a specific, it is a valuable remedy. Six of these were cured; in nine a diminution of the growth followed the use of the medicine; the remaining cases, with two exceptions, are still under treatment, and in nearly all there has been no increase in the size of the tumor. Those in which no improvement was effected, were subperitoneal. As a rule, Dr. Phillips has also used along with the remedy topical applications of glycerine, partly to give the patient the benefit of serous depletion, and partly to keep her under observation. He does not restrict the diet. He is also experimenting with another substance, myropetroleum, which has been vouched for by one of the members of the Institute. He is applying it to the cervix and introducing it into the cervical canal. He has as yet no results to report from its use. Medicine, he thought, should always be tried in these cases before resorting to surgery. Hysterectomy, while a glorious affair for the surgeon, is a dangerous procedure for the patient. The operation proposed by Tait, removal of the uterine appendages, is decidedly preferable.

A paper by Dr. M. T. Runnels, of Kansas City, on "The Diagnosis and Treatment of Diseases of the Uterus," was read by title and referred for publication.

In opening the discussion on the report of the Bureau, Dr. Hall, of Providence, R. I., said that he was especially interested in the subject of atrophy of the cervix from superinvolution. The practice of many women of nursing their children beyond the proper period of lactation is injurious both to the health of the mother and that of the child. The mother usually has a double object in doing this; first, that of preventing pregnancy, and second, that of sustaining the health of the child. In the former object, she may be successful in some cases, but it is at the expense of lowering her own vitality and thereby inducing various diseases.

Dr. Payne, of Massachusetts, was pleased with Dr. Phillips's paper. He believed that the effect obtained from the Iodide of lime comes from the iodine. Dr. Phillips has, however, forgotten one remedy, and that is Ergot. In his experience Ergot stands equal if not superior to the Iodide of lime. The local application of iodine he has found to have a tendency to stop the growth. In cases of hæmorrhage he would go even further; he would dilate the cervix with tents, and wash out the cavity with Churchill's tincture of iodine and curette the cavity of the uterus. Surgical interference to that extent is always justifiable. It is certainly beneficial.

Dr. L. L. Danforth, of New York City, said, respecting endometritis, that when the condition was a mild one, internal medical treatment was entirely

efficacious in removing the local disease and correcting the constitutional condition. But when the patient has suffered for a long time and the glandular structure is far advanced in disease, and the discharge is tenacious, brownish, and bloody, and abundant, he finds that remedies alone are not sufficient. Then local remedies are necessary, and among these nitric acid is the most valuable. We cannot do much in these severe cases with either internal or local measures alone, but used conjointly they are followed by most happy results.

Dr. Payne called attention to chloride of zinc as a local remedy to be preferred to nitric acid in the treatment of endometritis.

Dr. L. L. Danforth remarked that in applying these remedies, it is always important to have a clean surface before making the applications. As a cleansing and purifying agent he was very much pleased with the peroxide of hydrogen.

Dr. J. H. McClelland, of Pittsburgh, confirmed Dr. Phillips's experience with the Iodide of lime. At the World's Convention held in 1876, he reported cases of intra-mural uterine fibroid cured by that remedy. He has also used Trillium, led by the symptomatic indication of hæmorrhage, and he believes that he has had some effect from it, but the results have not been equal to those obtained from the Iodide of lime.

Dr. F. S. Fulton, of New York City, thought that Dr. Phillips's criticism on hysterectomy, unmerited, as it was an operation destined to be as devoid of danger as ovariotomy. While he was resident surgeon at the New York Homœopathic Hospital, this operation was performed four times. All the cases recovered save one, in which there was extensive cancerous degeneration of the surrounding tissues.

Dr. William Owens said that he had cured a number of cases of uterine fibroid by hypodermic injections of Ergot. In one case, in which the fibroid was as large as a child's head, the patient received three hypodermic injections of Ergot at intervals of one week. Another case received the injections at monthly intervals, and was under treatment over two years. She entirely recovered also. Another case had twelve injections and was cured in three months. The indications on which he gives these injections are these: Large tumor in the hypogastric region, extending into the pelvis, and frequent hæmorrhages at the menstrual period. The last case treated he had not seen since January, at which time she reported herself as well. Cases treated seven years ago remain well to-day. The dose he uses is from ten to twenty drops of the fluid extract.

Dr. Jno. C. Morgan expressed his pleasure at having heard at the different meetings so much homœopathy taught by specialists. A large proportion of the cases of uterine fibroids, submucous and subperitoneal, occur in patients in whom the change of life is not so very far off. It seemed to him that this fact gave a special indication for the management of such cases, for if we can guide them safely to that point and secure their passage through the climacteric safely, we have done good work for such patients. Then the tumor will probably disappear. The views thus expressed by him were based on a lengthy experience.

Dr. Charles E. Walton, of Hamilton, Ohio, had used Ergot in several cases. His method of using it was similar to that of Dr. Owens.

Dr. J. H. Carmichael, of Springfield, Mass., referred to Belladonna³ as a remedy for relieving the soreness attending uterine fibroids. He thought the use of Ergot hypodermically, barbarous. He had used Secale³ for controlling the hæmorrhage with success. He confirmed Dr. Phillips's experience with Calcarea iod. In uterine sarcoma he had found Equisetum hyemale a valuable remedy for relieving the symptoms.

Dr. Alonzo Boothby, of Boston, thought the matter of remedies for uterine fibroids still in doubt. Many remedies that formerly enjoyed a great reputation have died out or been proved inert. Referring to the assertion of

Dr. Fulton, that hysterectomy would become as successful as ovariectomy, he said that the two operations are not parallel. The mortality from the former operation is frightful. All surgeons endeavor to avoid it when they can do so.

Dr. Becket, of England, stated that many uterine fibroids disappeared spontaneously, and described a case which so terminated, and which he had observed in a London hospital.

Dr. R. Ludlam, of Chicago, said that Dr. Morgan took a right position. We should try to tide our cases over the climacteric period. He also thought our friend from Leeds (Dr. Becket) had made a good point. There are one or two conditions which may be confounded with uterine fibroid. They are pelvic hæmatocele and pelvic cancer. Concerning the results obtained by Dr. Phillips from *Calcarea iod.*, he would suggest that the local use of glycerin, producing what he would call salivation of the cervix, might have something to do with his results, because the fibroid may contain considerable serum. When this is separated by the glycerin tampons, the size of the tumors will diminish. When Dr. Phillips says hysterectomy is a grave affair he is right. He had had some little to do with uterine surgery, and knew of what he was speaking. Fortunately the indications for this operation are exceedingly rare, for those patients with uterine fibroids rarely die from their disease. They must all come to the climacteric period sooner or later, so he thought it wiser to leave them alone so far as surgery was concerned. He thought it would be a *very* long time before hysterectomy would be as safe as ovariectomy.

The Report of the

BUREAU OF MATERIA MEDICA

was made by the Chairman, Dr. A. C. Cowperthwaite, of Iowa City, Ia. He said that on accepting this position he found himself at the head of an emasculated bureau, its practical work having been taken from it and given to a new Committee on Drug Proving. In the absence, therefore, of any other material the Committee determined to write a history of the Homœopathic Materia Medica. For that purpose the work had been divided into several departments.

Dr. Allen read a paper on the "State of Materia Medica at the Close of the Eighteenth Century."

The other papers in this Bureau included: "The Efforts of Hahnemann for Materia Medica Improvement, especially His Introduction of the Healthy Vital Test," being a brief resumé of the subject by Dr. Winterburn, who was given the subject upon the death of Dr. E. A. Farrington, to whom it had been originally assigned; Dr. S. Lilienthal on "The Works on Materia Medica issued by Hahnemann, their Composition and Value;" Dr. H. M. Hobart on "The Additions to Hahnemann's Works on Materia Medica by his Disciples;" Dr. Charles Dake on "The Present State of the Homœopathic Materia Medica, and Measures for its Advancement."

Before proceeding to the report of his Bureau, Dr. Cowperthwaite called attention to the *Cyclopædia of Drug Pathogenesis*. The Institute had subscribed for four hundred copies of the first volume, and so long as the Institute continued this support the work could go on. If there be any withdrawal, the English Association could not depend upon its publication. Dr. Cowperthwaite therefore hoped that the Institute would continue its support as heretofore. Four volumes will embrace the entire work. The Institute must keep it up. In this great work, we should build for the future, and do our part for the construction of a Materia Medica which our opponents cannot destroy. It must be remembered that while it is only the student and author who can find use for this book, its publication is necessary for other members of the profession, because it is through them that we

obtain our text-books. At present, the provings are only accessible to a few; but this work places them at the disposal of all. Dr. C. thought that the Institute could continue to support the book without any drain on its treasury. The few volumes on hand will be sold, so that the Institute runs no risk.

Dr. Cowperthwaite then offered a resolution to the effect that the title of the Bureau of Materia Medica be changed to the Bureau of Materia Medica and Therapeutics. This resolution was laid over until the report of the Committee on the President's Address had been received.

The papers of the Bureau of Materia Medica were then read. That by Dr. Lilienthal was a very lengthy and valuable one, of which it is impossible to give any proper idea by a mere abstract.

Dr. H. M. Hobart, of Chicago, was appointed Chairman of the Bureau of Materia Medica for 1887.

The Institute then adjourned until 8.30 P.M.

EVENING SESSION.

The evening session was called to order at 8.30 o'clock.

Dr. Dake, from the Committee on Medical Legislation, reported the following resolutions, which were adopted:

Resolved, That the American Institute would earnestly request individuals in the profession to refrain from the introduction, in either house of Congress, of any resolutions or bills in behalf of Homœopathy till properly arranged for by our Committee on Legislation.

Resolved, That the American Institute would urge upon all graduates of our colleges, who desire positions in the United States army or navy, the expediency of making their wishes known to the Chairman of the Standing Committee on Medical Legislation before making application at Washington.

Resolved, by the American Institute of Homœopathy, in session at Saratoga, that this Institute, recognizing the vital importance of the work of the National Board of Health, and the necessity of providing it with ample means for the prosecution of its scientific investigations into the causes of contagious and epidemic diseases, and the best means for preventing their appearance and spread, expresses the hope, that a measure so vital to the protection of the public health as involves the continuance of this Board, will command the earnest and early attention of Congress at its present session.

Resolved, That the Institute earnestly recommends the establishment of a school of original research in all that pertains to Materia Medica, Therapeutics, and the Theory and Practice of medicine, to be conducted with the Smithsonian Institute in Washington, and to be conducted by men eminent in all recognized systems of medical practice, with such opportunities for scientific and practical tests of their comparative value as proposed in the fifth section of a bill introduced by Senator Call, of Florida, May 9th, 1884.

Resolved, That a copy of these resolutions be forwarded to the President of the Senate and Speaker of the House of Representatives with the request that they be presented to their bodies.

Whereas, The establishment of a Homœopathic hospital at the Capital of the nation through an appropriation by Congress for that purpose marks an act of recognition by the general government that will be gratifying to every friend of Homœopathy throughout the world.

Resolved, That the American Institute of Homœopathy accepts with gratitude this expression of national favor and returns its thanks to the Senators and Representatives who supported the measure, and to the National Homœopathic Hospital Association of the District of Columbia through whose instrumentality this act of just recognition was secured.

The Committee on the President's address submitted its report through Dr. Kinne, the Chairman.

The following resolutions were recommended :

We, the undersigned committee appointed to consider the practical suggestions contained in the address of our esteemed President, O. S. Runnels, M.D., beg leave to submit the following as our report :

First. Hereafter in addition to the present qualifications required of an applicant for membership in the American Institute of Homœopathy, a candidate must have been a graduate of some medical college endorsed by this body for at least three years, and produce evidence of his having belonged to some state homœopathic medical society (except in localities where such a society does not exist, in which case he must be recommended by three members of this association who are personally acquainted with him). The initiation fee shall be \$2.

Second. It is the sense of this committee that Hahnemann's writings, and especially the "Organon," should occupy a place on every college curriculum.

Third. This Committee further recommends the adoption of some modification of the sectional plan at the Institute meeting, and suggests that a committee be at once appointed to arrange the details and report upon them before the close of the present meeting.

Fourth. It also suggests that the societies mentioned in the President's address as having separate organizations of what should be bureaus of the American Institute of Homœopathy, be earnestly requested to appoint a committee of one from each of these societies to confer with the American Institute committee of five, referred to in the third recommendation, at such time and place as may be mutually agreeable, and if possible effect an amalgamation with the American Institute.

Fifth. We heartily endorse the following sentiments expressed by our President: "We must provide every one of our bureaus with ample accommodations so that the bureaus in their turn may abolish all hindrances to advancement, and may cease forcing their members to consider only textbook topics and allow reports of original investigation along any line."

Sixth. Your Committee advises the appointment of a committee of three to prepare or recommend, in accordance with the President's suggestion, an authoritative pharmacopœia.

Seventh. We report an earnest endorsement of the work being carried on by the English and American co-laborers on Drug Pathogenesis and commend its continuance to completion and pledge our support to the end.

Eighth. We desire to express our keen appreciation of the stirring, practical and able address of the president and thank him heartily for his energy and efficiency.

Respectfully submitted,

THEO. Y. KINNE, Chairman,
E. H. PRATT,
BUSHROD W. JAMES,
CHAS. E. WALTON,
A. R. THOMAS.

On motion of Dr. Burgher, the consideration of these resolutions was taken up *seriatim*.

The first resolution elicited a lengthy discussion in which Drs. J. H. McClelland, J. P. Dake, Pemberton Dudley, D. S. Smith, Jno. E. James, and H. C. Houghton expressed the sentiment that young men should be brought into the Institute and not kept out by resolution. The resolution was finally tabled so far as it related to making physicians of less than three years standing non-eligible to membership. The recommendation that the by-laws be so changed as to make the initiation fee two dollars instead of five

dollars was adopted. The second and third resolutions were adopted without discussion. The fourth was lost by a vote of 70 to 55.

The seventh was objected to and the following was substituted for the concluding clause:

Resolved, That the treasurer of the Institute be instructed to continue our subscription for four hundred copies of the Cyclopædia of Drug Pathogenesis, at the rate agreed upon for the numbers of volume first.

The eighth was unanimously adopted.

The President appointed the following committee as ordered in third resolution: Pemberton Dudley, R. Ludlam, T. Y. Kinne, J. C. Burgher, I. T. Talbot.

The Report of the Bureau of Surgery was then taken up.

The subject for the Bureau was "Inguinal and Femoral Hernia."

Dr. W. Tod Helmhuth, of New York City, was absent so his paper entitled

INGUINAL AND FEMORAL HERNIA

was read in abstract by Dr. I. T. Talbot, of Boston, the Chairman of the Bureau. The author reviewed the frequency of hernia showing that according to Malgaigne, the number of males suffering from it is one in thirteen, and of females, one in fifty-two. The figures showing the relative frequency of the different varieties of rupture also indicate the far greater frequency of oblique inguinal than of any of the other forms of the protrusion. The reports from the Surgeon-General's office, in this respect, are instructive. Out of 334,321 recruits examined for army admission, no less than 17,296 were rejected for hernia, in one form or another, showing a ratio of about fifty per thousand; and this percentage may be considered a tolerably fair estimate of the relative frequency of hernia among the laboring classes. Of these, the right inguinal are by far the most numerous, being 8598; the next in order is the left inguinal, which numbered 5420; the double inguinal, 1166; thus making the number of cases of inguinal hernia, single and double 16,178, out of 17,296. If we also take into consideration that from the total must be deducted 651 cases of unspecified hernia, the immense proportion of inguinal over every other variety of rupture can at once be perceived.

The author contended for a simple nomenclature of rupture; upon some of the terms relating to this subject, surgeons have no definite understanding.

The novice readily understands the terms enterocele, epiplocele and entero-epiplocele, and he has no difficulty in comprehending those forms of gut protrusion which receive their names according to their anatomical sites, viz., inguinal, femoral, umbilical, perineal, etc.; or, according to the condition of those parts, reducible, irreducible, incarcerated, and strangulated; but the difference between the "congenital" and the "congenital form" of hernia, between Birkett's "hernia of infancy" and the "infantile hernia of Hey," the "encysted" of Sir Astley Cooper and "hernia *en bis-sac*" of the French authorities, as well as other varieties, is not so generally understood, and the categories are likely to become very much confounded.

The surgical anatomy of hernia is always a matter of consideration and study, and with very careful dissection, in a properly preserved or fresh cadaver, the ordinary points may be made out. The author has, in some instances, been able to find all these coverings in the cadaver in persons who have not suffered from hernia during life; but his experience is, that in those who have suffered from rupture during life, there is always more or less alteration of structure (even when there has been no strangulation), from the wearing of trusses, from an occasional incarceration, or from the frequent manipulation necessarily performed by the patient to restore or keep in position the refractory intestine or omentum. The integument,

fascia, and peritoneum, and in the femoral, the sheath of the femoral vessels are readily enough recognized, but the inter-columnar and cremasteric fascia, the septum crurale and cribriform fascia, cannot in the majority of instances be discovered. Where strangulation exists, these layers of tissue need scarcely be looked for. The necessary exudation consequent upon the inflammation and strangulation destroys the relative position, nay, even the appearance of the parts, and the main object of the surgeon in operating must be the recognition of the peritoneum. These facts should be borne in mind by the inexperienced operator. Long ago they were recognized, and in Pott's celebrated treatise, written now over one hundred years ago, may be found these words, which are well worth recording:

"However incredible or strange it may seem, yet I am convinced that operations have been performed, by the information obtained from books only, without any previous anatomical knowledge, any practice on dead bodies, and hardly any, if any, opportunities of seeing any operations performed by others on the living; how grossly must such an operator be deceived, on account of the rings, as they are usually but absurdly called, of the abdominal muscles," etc.

One point is deserving of consideration in this connection, and that is the relation of the epigastric artery to both the external and internal ring, a second being also the relative position of the same artery to the crural canal.

Treating of the diagnosis of hernia, Dr. Helmuth said that he knew of no easier problem than the recognition of uncomplicated cases of oblique inguinal hernia; and yet he considered that there is nothing more difficult than the diagnosis of a complicated rupture. In making his diagnosis of inguinal hernia the surgeon is required to distinguish between the direct and oblique varieties and also to make the distinctions between these and certain other reducible swellings of which he mentioned congenital hydrocele, hydrocele of the upper portion of the cord and varicocele. Certain irreducible swellings can be confounded with inguinal hernia. These are abscess, hæmatocele, sarcocele, enlarged inguinal glands, ordinary hydrocele and undescended testicle. The conditions simulating femoral hernia were stated to be lipomata below the groin, the pointing of a psoas abscess, varix of the saphena vein, and enlarged glands. Besides these points, there are extraordinary cases occurring from time to time which require diagnosis and which may occur in the experience of every practitioner. The author then related a very unique case of hernia. The patient was a clerk. In endeavoring to lift a trunk, he felt something give way. This was followed by severe pain, sense of faintness, vomiting and collapse. Upon examining the parts, the left side was enormously distended and had turned grayish-blue. The general condition of the patient pointed to strangulated hernia. The gut was readily restored, but protruded again at once. On invaginating the scrotum, it was found to pass up into the abdomen. After returning the gut, the patient did not vomit, but the scrotum got no smaller. The canal was more open than usual. The next night every symptom of the patient was worse and an operation became necessary. At the first cut, there followed a flow of bloody serum and upon continuing the dissection, Dr. Helmuth came upon the intestine in the canal. It was readily replaced, but was retained with difficulty; but he could not find the testicle. The next day the patient died with all the symptoms of intestinal obstruction. An autopsy was made. The intestines appeared healthy on superficial examination. The secret lay in the following: The right testicle had taken the opposite course to the normal and had taken with it a pouch of peritoneum and had gone behind the iliacus internus and there it was found with a rudimentary cord extending over the roof of the bladder and cramped between the cord and bladder was a small knuckle of intestine which was gangrenous.

Besides the retained testicle, it must be remembered that other organs may lodge in the inguinal canal and give rise to a protrusion that may be difficult to diagnose. Dr. E. C. Wendt mentions the case of an old woman, aged eighty-five, who had died of various senile disorders, who had worn a truss for years for a supposed inguinal hernia; the post-mortem examination revealed the right kidney in the canal, a portion protruding externally, with a short ureter, no pelvis, and connected by a firm fibrous band to the uterus.

It is not well either to neglect the examination of apparently trivial cases, for hernia in some instances may be mistaken for simple orchitis; and a no less distinguished surgeon than Dr. Valentine Mott plainly stated that he was willing to stake his surgical reputation in a case presented to him by Dr. Post, of New York, that the patient was suffering from a traumatic orchitis, when, as the result proved, he had a large knuckle of intestine within the scrotum. And a still more remarkable case is reported by Vogt, in which there was a hernia of the stomach into the scrotum.

It was the opinion of the author that taxis, in the majority of cases, is overdone, and performed often too roughly; that instead of restoring the intestine to its place, it frequently excites so much additional inflammation that further strangulation takes place, and the life of the patient is additionally imperiled. The proper pressure to be made should be *inversely to the course of the gut in its descent*, and in the majority of cases the limb should be so flexed, that those points at which stricture is most likely to be discovered will be relaxed. This appears to be the proper theoretical course to pursue; and yet sometimes, after this method has been perseveringly tried without any effect, by standing the patient straight up against the wall, and making the rings tense, the gut has been known to slip beneath the margins of the openings more readily than when they were relaxed. The complete inversion of the patient has been found very effectual, and in some cases by the surgeon, kneeling upon the bed, taking the patient beneath the knees, spreading the legs wide, and drawing the body of the patient upward upon the person of the surgeon, the gut will slip into its place. Many are the expedients that have to be adopted by the surgeon in endeavoring to replace the intestine, but in all of them, too much handling of the gut cannot be too strongly deprecated.

Sometimes, after manipulation, it is well to desist for a few hours, make hot applications to the parts, raise the foot of the bed, and administer Nuxvomica, Veratrum, or Arsenicum, before a renewal of the attempts be made.

Dr. Helmuth then referred to the medicinal treatment of hernia, and mentioned a case of strangulated femoral hernia relieved by coffee taken internally in infusion and applied locally. Then he spoke of the methods of operating for strangulated hernia, closing his remarks on this subject with the following axiom, drawn from personal experience:

"There is a very important axiom that from my experience I can adduce, and it is this: After the strangulation of a hernia has been entirely relieved by operation, and the gut returned into the abdominal cavity, stercoraceous vomiting may continue and occur several times, thus giving great anxiety to the practitioner regarding the thoroughness of his operation. In such cases, the stercoraceous matter must have been in the stomach and duodenum prior to or during the operation."

He next treated of the various procedures for the radical cure of hernia, in most of which the patient is required to wear the truss, if not for the remainder of his life, for a very considerable time, so that these procedures are not by any means as satisfactory as we are often led to believe. The various methods of operating were merely mentioned in the abstract of the paper read. The author thought that the truss, when properly applied, would in many instances cure a hernia radically.

Dr. G. A. Hall, of Chicago, followed Dr. Helmuth with a paper on the same subject. He spoke of his personal experience with hernia. In his practice he had met with a larger number of cases affecting the left side, which is contrary to general experience. Every practitioner, he said, should post himself on the anatomy of hernia, and know the difference between the different forms of the affection. As a rule, it will be found that not more than one case in a hundred coming to the specialist has previously been correctly diagnosed. He next condemned the slipshod method of sending patients to drug-stores for trusses, as such a procedure was a risk on the part of physician, druggist, and patient. Among the operations for the radical cure of hernia, Dr. Hall favored that by cutting. The injecting process, he said, would fail in 60 per cent. of the cases. He thought it better to operate than to use persistent taxis, as inflammation from that cause is one of the greatest stumbling-blocks after the operation. He would operate on any patient in perfect health who was under the age of eighty-five. He then gave the following statistics of his experience with hernia:

Total number of cases,	384
Inguinal hernia,	357
Femoral "	27
Inguinal " right side,	169
" " left "	188
Femoral " right "	12
" " left "	15
Inguinal " in men,	353
" " in women,	4
Femoral " in men,	6
" " in women,	21
Operations for non-strangulated inguinal hernia by cutting,	213
Reported cured,	186
Not reported	11
Not cured,	13
Died,	3

One of these three who died, was a physician who came to him a stranger, and who was an habitual drunkard. Gangrene set in and caused his death. In another case there was an undescended testicle. This patient died from improper nursing.

Operations for strangulated inguinal hernia,	29
Cured,	18
Died,	11
Operations for non-strangulated femoral hernia,	22
Cured,	22
Operations for strangulated femoral hernia,	5
Cured,	3
Died,	2

Dr. Charles E. Walton, of Hamilton, Ohio, next read a paper on "The Diagnosis and Statistics of Hernia." A paper by Dr. M. O. Terry, of Utica, N. Y., on "Tumors Likely to be Confounded with Hernia," was read by title and referred for publication.

Dr. Jno. E. James, of Philadelphia, reported one case on the subject of hernia that was very obscure. The patient was a lady about sixty-two years of age. She was taken with severe pain in the region of the liver. A physician was summoned. She had an old hernia on the right side. About three weeks afterwards she sent for her physician again; he found a tumor in the

right inguinal region, that he diagnosed as the old hernia with strangulation. He began taxis and applied it gently. The following day Dr. James was summoned in consultation; he found the tumor greatly inflamed, the redness extending over to the liver. There was a doughy-like feel to the outer tissues, but a hardness underneath. She had been vomiting for forty-eight hours. He was unwilling to risk a diagnosis without an incision. He cut down and found a fluctuating tumor which he incised, and there issued blood, serum, and thick, grumous pus in quite a quantity. On inserting his finger into the sac, he found it extending towards the liver but there was no hernia. He could not probe to the bottom of the sac. He treated it as he would an open wound. All symptoms of strangulation passed away. On the fourth day, the discharge changed in character. There appeared in it small seeds, and it was discolored by some fruit she had eaten. She continued to pass semi-fluid fecal matter for some weeks until he lost sight of her, her bowels moving naturally. His diagnosis was abscess of the liver occupying and substituting the hernia in the old hernial sac.

Dr. J. H. McClelland, of Pittsburgh, did not think it the experience of surgeons generally that the truss will cure hernia. He also expressed as his opinion that it is the province of the physician to look after the matter of adapting trusses, and that this is a point of paramount importance. Hence all practitioners should have well-defined principles to guide them in the selection of trusses. In his experience, no truss is of value in any number of cases that does not possess this feature—a malleable neck that connects the pad with the bar. Best of all is the one which has a malleable bar. Recently he had come across a truss, a very unpretentious affair, which went still farther, made by Frye, of Cincinnati. The encircling bar was malleable, with a double attachment to the pad, one of which was a spring which gave the pad an upward and inward pressure quite like that which would be made by the fingers if holding a hernia in place. The instrument is simple, cleanly, and cheap.

Dr. N. Schneider, of Cleveland, said that in operating for strangulated hernia, the ring should be closed thoroughly so that a return of the trouble can be prevented. His method of operating is an old one; he cuts down upon the hernia, opens the canal, and returns the gut. It is not necessary to open the sac. He ligates the sac at its neck with antiseptic ligature, either catgut or silk thread; he cuts off the sac and drops it into the peritoneal cavity; he leaves nothing in the ring at all. Then he freshens the borders of the ring and unites them by sutures. After this operation the patient is not likely to have a return of the hernia.

Dr. W. L. Jackson, of Boston, Mass., said that in some cases of recent hernia in which taxis had failed, the application of heat to the parts and elevation of the hips might be successful.

Dr. Haywood, of Taunton, Mass., related a case of strangulated hernia in an old man aged 80, to whom he was called. The patient had pericarditis and could not be placed on his back, and could not take an anæsthetic; he had already had stercoracious vomiting. His face and extremities were cold, his countenance was pinched; it was apparently evident that he could live but a few hours. Dr. Haywood therefore gave him the choice of the risk from operation, risk of an anæsthetic, or of death. He chose the latter. His symptoms seemed to indicate Nux. He was unable to retain anything, either liquid or solid; he had this constant feeling of distress in his stomach which is indicative of Nux, and a feeling as of a stone in his stomach, not in the bowels. In the course of a few hours after taking the Nux, the nausea ceased, and in the course of twenty-four hours the hernia reduced itself. The patient during this time was unable to assume any position except the erect.

Dr. M. D. Youngman, of Atlantic City, said that he had had a very successful experience in the use of Ether in the treatment of strangulated her-

nia. He applied absorbent cotton, saturated with the drug, over the hernia, and re-applied the Ether at sufficiently close intervals to maintain constant saturation of and evaporation from the cotton. This must be kept up for a long time. His friend, Dr. William L. Fiske, of Brooklyn, had also been very successful with the local use of Ether in hernia.

Dr. Jno. C. Morgan said that the same remarks that he made the day before concerning the spiral direction in replacement of viscera applied to hernia. He also remarked that the pain in strangulated hernia is not in the tumor itself but generally in the region of the umbilicus. He also related his case of intestinal obstruction from pelvic thrombus, which was reported in the *HAHNEMANNIAN MONTHLY* for March, 1886.

A paper by Dr. Horace Packard, of Boston, entitled "A Synopsis of Fifty Operations for Hernia," was read by title and referred.

Dr. E. H. Pratt, of Chicago, read a paper on "Orificial Surgery in its Relations to Chronic Diseases."

The Institute then adjourned until the following morning.

FOURTH DAY—MORNING SESSION.

THURSDAY, July 1st.

The Institute was called to order at half-past nine o'clock, President Runnels in the chair.

Dr. A. C. Cowperthwaite was appointed to fill the vacancy in the Committee on *Cyclopædia of Drug Pathogenesis* caused by the death of Dr. E. A. Farrington.

The Chairman appointed the following Committee, as recommended in the resolution on the President's Address, to prepare an authoritative pharmacopœia: Drs. J. P. Dake, Conrad Wesselhoeft, and A. C. Cowperthwaite.

Dr. T. Y. Kinne reported from the Committee appointed to arrange for sectional meetings of the Institute in future sessions, that there were certain standing resolutions and by-laws which interfered with the Committee's work, and which would have to be changed before he and his associates on that Committee could proceed. He therefore asked the Institute to rescind the standing resolution of 1881, which provided that sectional meetings of bureaus be abolished. On motion, this resolution of 1881 was rescinded.

Dr. Kinne then said that in preparing a plan of meeting, the Committee desired to arrange for two section meetings at the same time, so that those in attendance at one section would not care especially to attend the other. In looking over the list of fourteen bureaus, they had found it impossible to provide for all of them; he therefore asked the Institute to strike out Bureau N (Article VII., Section 1 of the By-Laws), the Bureau of Medical Education, and make it a standing committee instead. Adopted.

He also asked that Bureau C, that of Pharmacy, be stricken out and made a standing committee. Also adopted.

Continuing, Dr. Kinne said that Bureau I was of Anatomy, Physiology, and Pathology, and Bureau J, of Microscopy and Histology. He thought that these two bureaus covered the same ground, and he therefore asked that they be blended. Adopted.

Dr. Cowperthwaite then reintroduced his resolution changing the title of the Bureau of *Materia Medica* to that of Bureau of *Materia Medica* and Therapeutics. After considerable discussion the title of the Bureau was changed to Bureau of *Materia Medica* and General Therapeutics.

The title of the Bureau of Clinical Medicine was changed to Bureau of Clinical Medicine and Special Therapeutics.

A motion was made by President Runnels, amending Article VII., Section 9, so as to allow the publication of papers in the journals before they appear in the transactions.

A vote was taken, and the resolution was lost.

Dr. Dake offered the following resolution, which was referred to a select committee of five, to be appointed by the President, to report on Friday morning :

Resolved, That the transactions of the Institute be issued in four numbers, the first in August, embracing business done, the second in November, the third in February, and the fourth in April, and the name of the publication be "The Journal of the American Institute."

President Runnels announced the composition of the Bureau of Organization, Registration, and Statistics as follows: Drs. T. Franklin Smith, of New York City, I. T. Talbot, of Boston, Mass., C. E. Fisher, of Austin, Texas, W. E. Leonard, of Minneapolis, Minn., Millie J. Chapman, of Pittsburgh, Pa.

The following Committee on the resolution of Dr. Dake was appointed: Drs. I. T. Talbot, J. H. McClelland, N. Schneider, A. R. Wright, J. P. Dake.

The Report of the

BUREAU OF ANATOMY, PHYSIOLOGY, AND PATHOLOGY

was then taken up.

The first paper read was by Dr. S. Lillenthal, of New York City, and treated of the "Ætiology of Tubercle." Papers were also read in abstract by Dr. H. Pomeroy, of Cleveland, on the "Ætiology of Tubercle," by Dr. J. A. Rockwell, of Norwich, Conn., on "The Tubercle; its Relation to Nutrition," and by Dr. William Owens, of Cincinnati. The latter paper comprised a complete resumé of the literature of the subject. On motion, the time allotted the above Bureau, as well as the one which followed it, was only three-quarters of an hour, so that the papers were presented so briefly that the reading thereof did not do their authors justice, and discussion thereon was not permitted.

The Report of the

BUREAU OF PHARMACY.

was next received. Dr. Lewis Sherman was Chairman. The subject chosen for discussion was "The Effect of Trituration and Succussion in the Development of Medicinal Power."

The paper by Dr. Wesselhoeft, of Boston, was first presented. He had attempted to answer the question, "Can Medicinal Power be Increased by Succussion, and can it be Increased by Trituration?" The author told of the difficulties met with by him in the pursuit of his investigations. But few provings were obtained. Many provers made no efforts, while others made imperfect attempts. Some of the provings that were handed in were negative; some were short and some were long. These reports do not agree, so that it cannot be said that we have solved the problem. A conclusion to be valuable, must be based on the agreement of numerous results. All provers began by taking sugar of milk; some of them furnished very voluminous reports of symptoms which might lead the inexpert to expect serious lesions. The main point is the almost entire want of agreement in the results. He called attention to the custom of disregarding negative results. For the last eighty years, that has invalidated many of our provings. If, for instance, ten provers hand in reports, seven of which are entirely negative and the remainder are quite voluminous and inharmonious, the latter are copied into our text-books, while the former are ignored.

In making these investigations, certain principles are to be borne in mind. Certain causes, acting under like conditions, produce like effects. Widely varying effects, therefore, cannot be attributed to the same cause. Experimental provings should be as numerous as possible. The observations of experimenters should manifest concord in sense and meaning. If they do not thus agree, they are meaningless. The series of effects following

the use of a drug should not be considered unless they are signs of disturbed health.

More provers are wanted to continue these investigations. In order to recognize those who had already assisted in the work, Dr. Wesselhoëft offered the following resolution, which was adopted.

Whereas, The Bureau of this Institute having charge of the subjects of *Materia Medica*, and *Provings*, and *Pharmacy*, has received the disinterested aid of many students of our colleges, and other ladies and gentlemen not members of the Institute.

Resolved, That the thanks of the Institute be tendered to them as evidence of our appreciation of their efforts as provers of drugs.

Dr. Sherman in his paper said that the Bureau of Pharmacy was charged by the Institute with the duty of making experimental investigations in the development of drug-power by *trituration* and *succussion*. The question naturally divides itself into two parts, at least as regards trituration:

1. Does trituration subdivide the insoluble substances?

2. Does subdivision of drugs, already in minute particles, increase their medicinal power?

The first question is one to be investigated by the methods of physics; the second, by physiological experimentation.

For the physical tests, the Bureau requested of the Institute, through the President, that it be supplied with samples of triturations and dilutions from various pharmacists.

The Bureau received ninety bottles without labels or attenuation marks, sixty containing triturations and thirty dilutions. Our report contains a statement of the notion of the contents of each vial as to the drug contained and the state of subdivision of the insolubles.

Lot No. 1, containing fifteen bottles marked A, B, C, etc., to O, was evidently intended for *Mercurius vivus*. The samples varied much in color (as did all of the triturations), some being white and others dark-bluish or Sepia-brown, suggesting the presence of varying proportions of the drug.

It was found that the differences in color were not due to varying quantities, but to varying degrees of subdivision. With two exceptions, the triturations contained very nearly $\frac{1}{100}$ part of metallic mercury, the coarser particles in globules large enough to be seen with the unaided eye, the finest in granular form, small enough to remain for days in suspension in water. One of the samples contained about the right proportion for the 3^x, and one of them no mercury. Standard triturations were made of one grain of mercury with ninety-nine grains of milk-sugar, for five minutes, one hour, two hours, ten hours, and twelve hours. As trituration proceeds there is seen a progressive darkening of the color of the mixture, and the drug particles become finer and finer, and finally acquire the property of suspensibility in water. This latter state is probably what Hahnemann meant by solution of the insoluble drugs. Only one of the fifteen samples showed evidence of having more than five minutes' trituration. Copper, tin, and Sepia, even, are found to act under the pestle like mercury, except that they require about ten times as long trituration to bring them to the same degree of fineness.

Dr. Sherman's report was found to tally exactly with that of Dr. Runnels, as regards the names and attenuations of the drugs.

Of the fifteen samples of *Arsenicum 3^x*, only two were found to contain the correct proportion of arsenious acid. One contained too much and the other twelve contained varying proportions, from one in two thousand to less than enough to make the 5^x. One of the samples of *Conium maculatum* was found to possess the physical properties of *Cicuta maculata*.

The election of officers and place of meeting for next year was then taken up.

An election for the place of meeting was first ordered.

Lake Minnetonka, Minn., St. Clair Springs, Mich., Atlantic City, Cape May, Natural Bridge, Va., White Sulphur Springs, and Saratoga Springs were mentioned.

Dr. Ludlam advocated Saratoga Springs. He thought it best to leave well enough alone and return there. Where is there another place in the United States where such accommodations can be secured. He called attention to the beautiful and healthful village, and thought it would be wise to return. His remarks were received with great applause.

Dr. McClelland moved that a vote be taken on all the places mentioned by ballot, and that the place receiving the highest number of votes be selected.

A ballot was taken with the following result: Number of votes cast, 155, number necessary for choice, 78. Saratoga received 80; Michigan, 64; Cape May, 3; Natural Bridge, Va., 2; White Sulphur Springs, Va., 2; Atlantic City, 2; Minnesota, 2; and Washington, 1.

The selection of Saratoga was received with applause.

The Institute then proceeded with the election of officers. On motion of Dr. J. P. Dake, nominations were made by informal ballot.

The election resulted as follows:

President.—F. H. Orme, M.D., of Atlanta, Ga.

Vice-President.—A. R. Wright, M.D., Buffalo, N. Y.

General Secretary.—J. C. Burgher, M.D., Pittsburgh, Pa.

Provisional Secretary.—T. M. Strong, M.D., Ward's Island, N. Y.

Treasurer.—E. M. Kellogg, M. D., New York.

Board of Censors.—R. B. Rush, Salem, Ohio; T. F. Smith, New York; H. P. Clark, New Bedford, Mass.; R. F. Baker, Davenport, Iowa; Mary Wood, Erie, Pa.

The Special Committee on arranging the plan of the work for next year, submitted a partial report through its Chairman, Dr. Pemberton Dudley.

Dr. J. W. Dowling was appointed a committee of one to notify Dr. Orme of his election to the presidency of the Institute, which he did in the following despatch.

F. H. ORME, M.D., ATLANTA, GA.

MY DEAR DOCTOR: I have been appointed a committee of one by the American Institute of Homœopathy to extend to you their heartfelt sympathy on account of your illness, their regret at your absence, and their congratulations that you have this day been unanimously elected president of the Institute for the ensuing year. Next meeting at Saratoga Springs.

J. W. DOWLING.

AFTERNOON SESSION.

The report of the Bureau of Sanitary science was called at the opening of the afternoon session.

Dr. L. C. Grosvenor, of Chicago, Ill., Chairman of the Bureau, formally submitted the report, the subject for discussion being "Our Homes, their Hygienic and Sanitary Condition." He then read a paper by Dr. M. H. Waters, of Terra Haute, Indiana, entitled "Our Homes—their Purpose and Intent—an Index of Our Civilization."

The next paper contributed was by Dr. D. H. Beckwith, of Cleveland, O., and was upon the subject of public health, and criticised severely all adulterations, especially that of food. Attention was called to the evils arising from sewage, poisoned drinking water, sewer gases, decaying vegetables, cesspools, poisonous germs in sleeping coaches, and vile food and drink. Several forms of adulteration were enumerated, beginning with maple sugar mixed with glucose and brown sugar; milk with water, car-

bonate of soda, salt, borax, salicylic acid; butter adulterated with an excess of salt, cotton-seed oil, lard-oil, carrots, anise, and sulphate of copper; oleo-margarine and its abominations; imported cheese mixed with arsenic and copperas, and limburg cheese soaked in urine; coffee mixed with chicory, peas, beans, and hominy. The adulteration of liquors and beer is carried to such an extent that it is about impossible to secure anything pure. He gave in detail the wonderful composition of many of our wines which are in daily use.

Other papers presented by this Bureau were "Foods, their Selection, Cooking, and Adulteration," by Anna M. Warren, M.D., Emporia, Kan. "The Water we Drink,—its Purity as an Element of Health—its Impurities—Tests for Impurities—Danger to Health from Impurities, Organic or Otherwise," by E. U. Jones, M.D., of Taunton, Mass.; "Care of Contagious and Infectious Diseases, Including Prophylactics and Antiseptics," by Pemberton Dudley, M.D., of Philadelphia, Pa.; "The Choice of a Site, with Reference to Convenience, Sanitary Conditions, and Aesthetic Environments," by H. E. Beebe, of Sidney, O.; and "The Sanitation of the Lying-in-Room, Including the Conduct of a Case of Labor, with Reference to its Hygienic and Prophylactic Aspects," by L. C. Grosvenor, M.D., of Chicago, Ill.

Dr. Dudley, in his paper, spoke of the physicians' clinical thermometer, saying that "it is amazing to observe the seeming indifference of some physicians; they place the thermometer under the tongue of a patient suffering with typhoid fever or other infectious disease, and then coolly slide it back into its velvet-lined case, infecting it also irretrievably; then using the same instrument in a similar manner upon other patients. It ought to be a rigid rule of the physician never to place a thermometer in the mouth of a patient until the instrument has first been thoroughly cleansed by a strong acid, a strong alkali, or a strong chloride, or other disinfectant."

Dr. Grosvenor's paper dealt with the hygiene of pregnancy and lying-in. During pregnancy, he said, the physician should watch his patient carefully, observing her personal habits and surroundings. She should have the lightest and cheeriest rooms in the house. Flowers should not be prohibited. She should be accustomed to fresh air. While speaking of the harmlessness of plenty of fresh air at all times, the author mentioned a case that he delivered in the midst of a driving snow storm, with no roof over the patient, just after the great Chicago fire. Returning to his subject, he said that her couch should be one to which she is accustomed. The physician should select a nurse who believes in him and his methods. Prohibit the entrance of all neighbors into the room during labor and lying-in. The accoucheur should cleanse his hands and disinfect them with Listerine. The patient should keep on her stockings and should be wrapped in a sheet. The physician should then have brought to him a number of newspapers, a lot of old rags, and a couple of saucers, one with sweet oil, a receiving blanket with a disinfected rag on the outside to receive the little one. Three of the newspapers are torn into pieces ten by twelve inches, and placed within ready reach. These may be used for the removal of any fecal matter passed involuntarily by the patient. One of the saucers containing the sweet oil should be placed on the stove to be warmed, the empty one under the bed, and the receiving blanket in a warm place ready for use. When the os is well dilated, if the pains do not come with sufficient force, have the patient sit on the chair and rupture the membranes collecting the waters in the vessel. To relieve suffering from the pains, the parts may be sprayed with cocaine. If there is danger of rupture of the perineum, place a piece of muslin cross-wise over the perineum in such a way that a fold of it shall pass over the posterior commissure of the vulva. So if there must be a rupture, it will have to involve the cloth. Grease the child's head as it ad-

vances with the warm sweet oil. After the child is born, and while waiting for the cord to stop pulsating, we then complete the sweet oil bath. When pulsation has ceased, tie the cord, strip the fetal end of blood and tie again and cut between the ligatures, placing the empty saucer underneath to catch any blood. After removing the placenta, wrap it up in the large newspapers. This method of disposing of it, the author thought better than the usual one of putting it in the vessel. The child should be put to the breast early. Company should be forbidden. Rest and sleep are good medicines. The nurse should be permitted to go out occasionally for a little rest. This will increase her efficiency in the sick room.

Dr. Lilienthal ask if Dr. Grosvenor "put all those things into that woman whom he delivered in the snow?" Shall we keep a well woman three weeks in bed? Why not let her up in seven or eight days. He did not want the husband around. He referred to Dr. Dudley's caution about infected thermometers, and called attention to the danger of using the same lancet in vaccinating a whole school of children. Speaking of the preparation of food, he said that oleomargarine, rightly made, was cleaner than nine-tenths of the average "country butter." In regard to adulterated beer, he believed that any person who knew the taste of hops could not be deceived. He thought that a great mistake is made in not teaching young women to properly understand housekeeping.

Dr. B. W. James called attention to the necessity of boiling water suspected of organic contamination. He specially enjoined caution when there was present in the water organic matters undergoing decomposition. Many of the so-called pure waters are very deleterious. He often used boiled milk as a beverage. All food should be thoroughly cooked, and nothing ought to be eaten in a rare condition. The standard of good drinking water is very uncertain.

Dr. H. C. Allen said that the long prize essays presented at the last meeting of the American Public Health Association had been published and were for sale at \$1.00. He urged that members should procure and study them.

Dr. French, of Lawrence, Mass., described a typhoid epidemic traced to an underground stream from the barn yard to the house well. The water was tasteless, but was heavily charged with organic matter.

Dr. H. E. Beebe was appointed Chairman of the Sanitary Bureau for next year.

The Committee on Plan of Sectional Work reported finally the following resolutions:

Resolved, That it shall be the duty of the Chairman of each bureau to prepare or cause to be prepared, synopses of the work done in sections, and present to the Institute in general session such synopses; and the original papers to be referred to the Publication Committee.

Resolved, That when any change or suspension in order of business is made which affects sectional work, it shall be done with consent of the Chairman of Bureau or else by a two-thirds vote of the members in full session.

Resolved, That the Chairman of each of the Bureaus should provide each year an address on some subject contained within his section, which shall include a consideration of recent progress in such department of medical knowledge, and shall be read before the Institute in general session, but shall not consume more than one-half hour in its delivery, and shall not be discussed except in sectional meeting.

The Institute then adjourned until the following morning.

In the evening a banquet was tendered the members of the Institute and their friends by the management of the Grand Union Hotel. This was a success in every particular, and the occasion formed one of the most pleas-

ing and satisfactory events of the Saratoga meeting of the Institute, and will long be remembered by all who participated.

Shortly after eight o'clock the members of the Institute and their friends entered the dining hall, the Seniors of the Institute followed in a separate body, the entire assembly rising and remaining standing during their entrance. Near the main entrance of the banquet hall were ranged Klein's orchestra, of Troy, discoursing excellently a number of selections. The arrangement of the room was very well done, the seniors and their ladies being seated at a long table extending lengthwise, while right and left of this were the separate tables for the Juniors and their guests. It is estimated that between three hundred and four hundred covers were laid. The banquet passed off pleasantly, without any particular incident. At the end of the banquet, Dr. J. W. Dowling announced that contrary to the usual custom, there would be no toasts given and no speeches made.

In place of this, however, he announced that a quartette consisting of Dr. and Mrs. Danforth, Mrs. S. B. Anderson, and Mr. H. R. May, of New York City, was present, and would entertain those of the guests who would adjourn to the drawing room, while the band would engage the others in the ball-room, where the Juniors might "trip the light fantastic."

Dr. Dowling added that he had during the evening received the following telegram in answer to the one sent to Dr. Orme in the morning.

My profound acknowledgements to the Institute for kind expressions and the extraordinary honor of electing me President during my absence. I shall trust the members to support me in my efforts to prove worthy of the confidence and to make the next meeting, if possible, a greater success than the present, so that we may be proud and still prouder of our glorious old Institute. Am improving, with pride and gratitude,

F. H. ORME.

The members of the Institute and their friends then adjourned, some to the parlor and others to the ball-room of the hotel, where the remainder of the evening was enjoyably spent. Dr. Coburn, of Troy, deserves great credit for his indefatigable industry in behalf of the Institute and for the very complete arrangements which he planned and carried out to the letter in behalf of the visitors and their friends while in Saratoga Springs.

FIFTH DAY.—MORNING SESSION.

FRIDAY, July 2d.

The Institute was called to order at 9.30 A.M. The President announced the following Committees and Bureaus for next year.

Committee of Local Arrangements.—Drs. E. S. Coburn, Troy; S. J. Pear-sall, Saratoga Springs; H. M. Paine, L. M. Pratt, and C. E. Jones, of Albany.

Bureau of Sanitary Science.—Drs. H. E. Beebe, Chairman, Sidney, O.; Bushrod W. James, Philadelphia, Pa.; E. U. Jones, Taunton, Mass.; R. N. Tooker, Chicago, Ill.; R. F. Baker, Davenport, Ia.; D. H. Beckwith, Cleveland, O.; Jos. Jones, San Antonio, Tex.; G. H. Wilson, Meriden, Ct.; William Owens, Cincinnati, O.; W. B. Chamberlain, Worcester, Mass.; A. S. Everett, Denver, Col.; A. H. Crawford, Chicago, Ill.; G. W. Barnes, San Diego, Cal.; G. M. Ockford, Lexington, Ky.; H. R. Stout, Jacksonville, Fla.; Charles E. Jones, Albany, N. Y. The subject for discussion will be "Climatology."

Bureau of Materia Medica—Drs. H. M. Hobart, Chicago, Ill., Chairman; A. C. Cowperthwaite, Iowa City, Ia.; S. Lilienthal, New York; T. F. Allen, New York; G. W. Winterburn, New York; A. W. Woodward, Chicago, Ill.; Charles Mohr, Philadelphia, Pa.; C. L. Cleveland, O. The subject is "Remedies Causing Disturbed Sleep."

Bureau of Obstetrics.—Drs. Millie J. Chapman, Pittsburgh, Pa., Chairman; G. B. Peck, Providence, R. I., Sec.; R. H. Foster, Chicago, Ill.; Emily Pardee, New York; Phœbe Waite, New York; J. N. Mitchell, Philadelphia, Pa.; C. E. Fisher, Austin, Texas; C. H. Goodman, St. Louis, Mo.; W. R. Elder, Terra Haute, Ind.

Bureau of Ophthalmology, Otology, and Laryngology, with subject "Tumors of the Eye, Ear, and Throat."—Drs. C. H. Vilas, Chairman; T. P. Wilson, J. A. Campbell, F. P. Lewis, W. H. Winslow, B. W. James, H. C. French, H. P. Bellows, H. C. Houghton, D. J. McGuire, G. S. Norton, E. H. Linnell, J. H. Buffum, E. W. Beebe, H. K. Bennett.

Bureau of Surgery.—Drs. L. H. Willard, J. H. McClelland, J. E. James, E. H. Pratt, C. M. Thomas, W. E. Greene, I. T. Talbot, G. A. Hall, W. M. Jackson, J. E. Jones, S. M. Parsons, N. Schneider, W. T. Helmuth, C. E. Walton, Alonzo Boothby, H. L. Obetz.

Committee on Medical Education.—T. Y. Kinne, chairman, J. P. Dake, A. I. Sawyer, R. W. McClelland, C. A. Bacon, H. B. Clark.

The matter of publishing the transactions in quarterly numbers was, on motion, laid over until next year and the Committee continued.

The report of the Inter-Collegiate Committee was made and adopted.

The report of the Committee on Organization showed the membership at the present session to have been from the following States: Arkansas 1, Connecticut 12, California 2, District of Columbia 1, Delaware 2, Florida 1, Illinois 15, Indiana 2, Iowa 4, Kansas 1, Maine 2, Maryland 2, Massachusetts 43, Michigan 3, Missouri 2, New Hampshire 1, New Jersey 6, New York 64, Nebraska 1, Ohio 13, Pennsylvania 26, Rhode Island 5, Tennessee 1, Texas 2, Virginia 1, Vermont 3, Wisconsin 2; total, 218.

On motion of Dr. I. T. Talbot, it was ordered that copies of the proceedings of the Institute be forwarded to several public libraries.

Dr. Cowperthwaite, of the Committee on Railroad Fares, submitted his report, which was accepted and the Committee continued.

Thanks were extended to Dr. Cowperthwaite for his valuable services.

The report of the

BUREAU OF CLINICAL MEDICINE

was then taken up.

Dr. J. S. Mitchell, the Chairman, deplored the fact that the report of the Bureau had been laid over until the last day of the convention. Several members of the Bureau had withdrawn their papers on this account. He then proceeded to read the first paper of the Bureau, the title of which was

ORGANIC DISEASES OF THE HEART AS A PREVENTIVE OF PHTHISIS.

and the author of which was Dr. J. M. Schley, of New York. The paper opened by referring to the fact long known, that certain diseases were incompatible with each other, that is, where an organ is already suffering from certain diseases, certain other troubles are not likely to occur to complicate the case. In the present paper, he wished to draw attention to the fact that phthisis was not apt to develop in patients, the subject of organic heart disease. Pure tubercular phthisis should not enter into the discussion of the subject as it is produced by the absorption of purulent matter into the general system, and generally kills before it produces much destruction of lung tissue. The author related the case of a woman whose father, mother, and sisters had died of phthisis. She herself had hæmoptysis, night sweats, profuse expectoration, and rapid emaciation, yet without lesion of the lungs or pleura. In two months' time after coming under treatment, she was well. The diagnosis of her ailment was bronchitis with organic heart disease. This woman had had six children, one of whom died of tubercular ulceration of the intestines. She had had articular rheumatism with

endocarditis in her youth, and this had doubtless saved her life, for she would in all probability have perished from phthisis, considering her bad family history, repeated confinements, poverty, and bad hygiene. The heart disease stayed the progress of the pulmonary trouble. In his private and dispensary practice during the past fourteen months, the author had examined 667 cases of chest disease. Of these 99 had phthisis, 57 valvular disease of the heart, and 3 aneurism of the heart. Of these 159 cases, but 4 only had organic disease of the heart and phthisis.

Dr. Schley's paper was followed by one by Dr. John W. Dowling, on

CLIMATOLOGY IN ITS RELATIONS TO PHTHISIS.

The effect of change of climate on the course of phthisis is acknowledged everywhere. In some cases, it may even prove curative. The air best suited to phthisical patients is that which is free from dust and moisture, and is subject to but slight variations in temperature. All cases are not benefited by the same climate. The author expressed himself as not believing in the theory that all cases of phthisis are tubercular. Pulmonary phthisis, he understood to be an advancing destruction of the respiratory organs with wasting of the entire body. From an extensive experience, he was convinced that there are cases of phthisis which are fatal from the beginning, without regard to treatment of any kind. These are tubercular from the first. There are other cases which are not at all tubercular. These are often amenable to treatment.

He discouraged all attempts to benefit cases of the former class at any time, and those of the latter in advanced stages, by sending them away from their homes. It frequently happens that patients are sent away from comfortable homes only to be made uncomfortable by the change, or to be returned home in haste to die. The author mentioned four such cases, three of which reached home just in time to die; the other died away from home. In all of these, death was hastened by the trip. Yet friends take consolation in such cases that everything has been done for the loved ones that have gone. The only advantage that can be gained by sending incurable patients away from home is that given in the increased relief of symptoms. But unless they are accompanied by good friends, and unless they are free from the ordinary surroundings of these health resorts, seeing other consumptives and talking with them to-day and hearing of their death to-morrow, and other influences likely to depress them, they had better remain home. No general law exists for the guidance of the physician in any given case. The speaker asked the questions What is the curative atmospheric influence in the climatic treatment of phthisis? and, Why do some cases improve in some localities, others in others?

In some forms of phthisis, the tubercular element is lacking. By far the greater number of fatal cases, sooner or later become tubercular. The author then briefly discussed the etiology of tubercle. He believed tubercle to be a specific infectious disease. It stands to reason that if this opinion concerning tubercle be true, that a person remaining in an atmosphere, free from contagion cannot become tubercular. In answer to the first question, he said that the curative atmospheric influences were purity, freedom from dust, and from sudden changes. By purity, he meant freedom from disease germs. He has learned from experience that there are certain localities where malarial germs do not exist. So it is that there are places where the tubercle bacillus cannot find an abiding place. These may be at high altitudes, on sandy plains, or on or below the level of the sea, or on the seashore itself. Thus it is that in certain sections the progress of the disease comes to a standstill. Dr. Dowling then related a case of hereditary phthisis in a Swiss. The patient went to Panama, but received no benefit. He then went to live in the Andes of South America, 9000 feet above the level of the

sea. After six months' residence there, he had lost his fever and night-sweats, and had gained an excellent appetite. He then returned to Panama when his symptoms reappeared. This compelled him to again resort to the Andes with the same beneficial result as before. Seven times did he leave his haven, and seven times was he obliged to return because of his disease reasserting itself, but on returning to Europe, the malady appeared worse than ever and carried him off.

In selecting a resort for a consumptive, an old rule, which is also true to-day, is to send those living inland to the sea, and those on the coast to the mountains. Pure air is the most important consideration, but it must be combined with good company, freedom from care, and good food. The patient must spend a large amount of time out of doors. We ought not to send these patients to the health resorts for consumptives. The aggregation of a large number of them has a depressing influence, and, moreover, renders the atmosphere of the hotels impure. Bacilli are present in the air in great quantities and may inoculate those who are not already tuberculous. Night air is bad for phthisical patients, but it is not so injurious as is a close room with air that has been vitiated by breathing. If improvement is established by residence in any locality, the patient should stay there as long as he can possibly do so. Among the favored spots in our country for consumptives are, Colorado, Minnesota, California and the Adirondacks in summer, and Georgia, South Carolina and Florida in winter.

Dr. J. S. Mitchell then read a paper, written by himself, on

PYRETIC VARIATIONS IN PHTHISIS.

The author claimed that we are frequently enabled to make a diagnosis of phthisis by means of the fever alone. If there are no pulse acceleration, and no elevation of temperature, there can be no phthisis. Fibrous phthisis may exist with but little elevation of temperature but the irritability is still there. No matter where tubercular trouble localizes itself, febrile movements are sure to appear. In chronic bronchitis, fever does not affect the patient. The changes in the system during phthisis may be expressed by the degree of fever. Hence, attempts have been made by allopaths to treat phthisis by means of antipyretics. These will, of course suppress the fever and afford relief to other symptoms, but this relief is only temporary. If, however, the temperature is relieved by homœopathic remedies, the benefit will be of longer duration. Dr. Mitchell illustrated this statement by cases from his own practice. The efficiency of our remedies in the fever of phthisis, he said, was remarkable. The remedies he has found most beneficial are, *Bryonia*, *Baptisia*, *Arsenicum*, *China*, *Calcarea carb.*, *Phosphorus*, *Sulphur* and *Mercurius corrosivus*. Frequently, under the use of these remedies, ulcers and vomiceæ heal and the patient will be cured. In all cases the treatment, by the use of the homœopathically indicated remedy, will give the patient more lasting comfort than that by any other.

Dr. Chas. E. Jones, of Albany, N. Y., then read a paper on "Mountain and Sea Air in the Treatment of Phthisis."

The Report of the Bureau was now before the Institute for discussion. Dr. H. E. Spalding remarked, concerning the frightful mortality of phthisis, twenty-five per cent of all people dying of some form of that trouble. He thought that there was a possibility of some cases arising from infection. He also said that he did not care to send a consumptive to St. Augustine, Fla., or on the St. John's river. He thought that the patient would die more rapidly there than he would at home. The climate there is very damp. In the morning, one may note a very heavy mist as of frequent occurrence and the dew is so heavy that it may be heard dropping from the eaves of the houses. He knew nothing concerning the western coast of Florida.

Dr. Pemberton Dudley asked that Dr. Jos. Jones, of San Antonio, Texas, address the Institute on the subject under discussion.

Dr. Jones, in response to this request, said that he had had experience with the health resorts of a number of States and especially with those of Western Texas. There is an area there called the health plain. It is astonishing how many consumptives there are there. Many of the present citizens of San Antonio came there originally on account of chronic affections of the respiratory passages. He did not think much of the objection made to these health resorts on the ground that the patients are overcrowded. They should be sent to these resorts before they are so ill as to necessitate crowding in the hotels, in which case they may be in the open air all the time and thus they are not at all crowded. These are the cases that will get well. Fibrous and hæmorrhagic cases do better than others. Dr. Jones condemned, severely, the practice of sending advanced cases away from home. He had known such to die on the road. He thought such practice cruel to an extreme degree. If they are sent away in the early stages of their trouble many of them will recover. The average temperature of Western Texas is in Spring 69°, in Summer 81°, in Autumn 68°, in Winter 53°, the average for the year being 68°. He had even known cases to improve during the wet season.

Dr. A. R. Wright, of Buffalo, asked if patients were not benefited more in regions covered with pine.

Dr. Jones replied that in Texas they had no pine groves. They had more cedar.

Dr. O. S. Runnels asked what season was best to send a patient to Texas.

Dr. Jones replied that it was best for them to go there and remain until they are well, that is if they have any hope of getting well. The result can generally be decided within three or four months. It is not uncommon for expectoration to be increased and weight decreased before improvement begins. He would advise patients to go to Texas even in Summer, although it was better for them to go there in Fall.

Dr. Dudley asked, whether in the incipency of a case of phthisis, for instance, it were better to send now or wait until Fall?

Dr. Jones replied, that he would send now or else send the patient to Minnesota for the Summer months, and then when Winter came he would send him to Texas.

Dr. J. P. Dake, of Nashville, said that Dr. H. R. Stout, of Jacksonville, Fla., was present at the Institute meeting and he would like to hear him discuss the subject.

Dr. Stout was called upon to step forward, but he was not in the room at the time.

Dr. Dake then proceeded to make a few remarks respecting altitude in the climatic treatment of phthisis. About thirty years ago, he had a case of a lady whose family was consumptive and whose parents had died of phthisis. She began to cough and to have hæmorrhages. Summer came and the family desired to go to Cresson on the Allegheny Mountains, at an altitude of 3000 feet. He felt rather doubtful in regard to her going there, because it is a fact well-known that epistaxis occurs from extreme rarefaction of the atmosphere. But circumstances seemed to favor her going, so she went. She began to improve at once. She has had no more hæmorrhages, she returned home well and is a healthy woman to-day. Dr. Dake believed that no matter how this rarefaction of the atmosphere acted, whether mechanically, chemically or otherwise, it bears a homœopathic relation to the case. When there is tendency to hæmorrhage, he believed that a rarefied atmosphere would tend to strengthen the patient against hæmorrhage. Its ultimate effect, providing, of course, it is not too severe, is curative. Ever since he has followed the hint there received. Dr. Dake also testified to the good effects of the atmosphere in Western Texas at the home of Dr. Jones. He could also testify to the good effects of the air in

Colorado. Cases have recovered there that would, in his judgment, have certainly died had they remained at home.

Dr. A. R. Wright, of Buffalo, wished to speak in defence of the moist climate of Florida. He referred to the case of Dr. Dunham's wife, who had had for several months an irritable condition of the lungs, with dry cough and occasional slight hæmorrhage, and general exhaustion. Her husband decided to take her to a southern climate, that of Florida. She remained there during the entire winter and in consequence, was entirely relieved. To put it in Dr. Dunham's own words, the lungs were inflamed. They needed the soothing poultice that the moist warm air of Florida afforded. Dr. Wright then referred to Dr. Mitchell's paper in which was mentioned among other remedies *Mercurius corrosivus*, but without any indications. The particular condition in which he (Dr. W.) gives it, is when there is high fever and rapid destruction of tissue.

In regard to the different localities to which physicians send their patients, Dr. Wright thought that we ought to discriminate closely according to the condition of the patient and the time of the disease. In our country we have a variety of climates, we are better provided for than any other country in the world. He had visited those which are popular on this side of the globe and also those on the other, even those in the Himalaya Mountain and in Sumatra, and none of these can compare with what we have in America.

Dr. H. C. Allen corroborated the idea just suggested by Dr. Wright, because he thought that in this direction our discoveries in the climatic treatment of phthisis are yet to be crowned with success. The individuality of climatic influences should be studied. We have had some suggest that phthisical patients be sent to Florida. He was opposed to sending them to Florida. For tubercular affections, we do not want a moist atmosphere. We want a dry atmosphere irrespective of altitude. We all remember the case of Dr. Barnes, who was carried to California on his couch and who has recovered in San Diego and has continued in practice ever since. He was carried there in an advanced stage of the disease. He was advised against going by many.

Dr. Runnels asked Dr. Allen how he individualized.

Dr. Allen replied that he did not claim to be able to individualize; he merely said that in that direction must be our line of study. He never recommended cases of phthisis to go to a moist climate. In bronchial affections, he thought the reverse would be the best practice.

Dr. A. R. Wright said that in a general way he would take hæmorrhage to be a contraindication to sending the patient to Colorado. He would send such patients to a moist, equable climate, such as that of Florida or the Bermudas.

Dr. H. R. Stout, of Jacksonville, Fla., here took the floor; by request of Dr. Dake. He had seen cases of all kinds come to Florida, but he must confess that he was not able to discriminate, that is, he could not say *a priori* whether they would be benefited or not by their residence there. Where there is real tuberculosis present, he doubted if any benefit was obtained. He also spoke of the mistake made by many physicians of sending patients to these places without giving them instructions to take medicine while there.

Dr. Jno. C. Morgan asked if Dr. Stout had known homœopathic physicians to be guilty of such a practice.

Dr. Stout replied that he had.

Dr. Jno. C. Morgan supposed a case; that of a young lady who had had nasal catarrh. This was cured, but her health began to decline. She had loss of flesh, lack of vitality, and amenorrhœa, her feebleness of health con-

tinuing but not growing worse. He would ask what climate was best for such cases?

Dr. Stout replied that he had seen such benefited in Florida.

Dr. N. Schneider said that the subject was an interesting one, for it seemed to him that there is much more said in relation to climate and phthisis than is positively known. We talk of climate, and recommend it for tubercular patients, when we do not know whether tuberculosis is present or not. It is his opinion that ninety-nine cases out of one hundred are not cured by the change, and many of them are very little benefited. The final result may be postponed for a short time, but it is sure to come. Many of the cases of so-called tuberculosis that get well are not tuberculosis. Even proper care at home, with proper remedies, will relieve many and cure some patients. As for Dr. Barnes, that gentlemen never had tuberculosis, neither is he a well man to-day. Dr. Schneider's intimacy with Dr. Barnes enabled him to make this assertion.

Dr. C. D. Crank, of Cincinnati, said that he had been in California and he was satisfied that more cases are aggravated by the change to that climate than are benefited. We hear more concerning the cases that are benefited, and little or nothing of those in which a poor result is obtained. When practicing in the South he saw some of these poor patients who had been sent away from home to seek vainly for restored health. Their only prayer was to get back to their homes in time to die. Dr. Crank, therefore, protested against the practice of indiscriminately sending these patients away from home. A simple change of atmosphere is often beneficial; so we are not obliged to send patients so far away from their homes.

Dr. T. Y. Kinne, of Paterson, N. J., said that it had been his fortune or misfortune to spend five winters away from practice, two in Nassau, N. H., two in Florida, and one in Western Texas. He had in this time taken regular records of the temperature and moisture of the places at which he stayed. He confessed that statistics are very misleading. For example, it is of no value to state the average temperature and humidity. He had seen the temperature vary 35° in twenty-four hours, and yet the average of the place was a good one. By long personal observation, and by conversation with those qualified to speak on the subject, he had come to the conclusion that there is one place above all others for a patient in the second stage of phthisis, and that place is at home. No patient should be sent away from home who has not sufficient strength to take care of himself. If he needs a nurse, let him stay at home where he can get all the comfort that loving friends can give him.

While in Nassau, Dr. Kinne failed to find a single patient with rheumatic diathesis or with tuberculosis who was relieved a particle. He was sent to Nassau by Dr. Dunham, who gave him the same warning. In cases where there is bronchial irritation, and above all, where there is exhaustion from overtaxing of the nervous system, Nassau is the best place, because there you would not do anything if you could, and you could not if you would. You are in that little town far removed from everybody.

Speaking of Florida, Dr. Kinne said that he did find differences in climate, soil, and vegetation in different parts of that State. There is a plateau running through Sumter and Marion counties, having a dry, calcareous soil and covered by chestnut trees, etc., where fogs, such as are noted on the St. John's river, are not found. In the latter place, he had often gone out with his summer clothes in the morning, and required his heavy winter overcoat by night. The places that are best suited for consumptives are those situated on what has been termed the backbone of Florida, in Marion and Sumter counties, and running into Hernandino. There the climate varies least. Variations are less as we get to a higher and higher altitude, therefore the speaker claimed that these localities were better suited to phthisical invalids.

One thing about Texas that Dr. Jones did not say, and that was that cases of the hæmorrhagic variety seem to be more markedly relieved than any others.

Dr. H. B. Clarke said that he believed pulmonary hæmorrhage to be a conservative symptom.

Dr. Dowling was called upon to give his views as to diet in consumption. He said that in many cases he had seen remarkable results from adherence to the Salsbury diet with which all are familiar. He had one case in particular in mind, where he was certain the patient's life was saved by this treatment. He ate two to three pounds of beef, and drank two or three pints of hot water every day. This was all he took in the way of food and drink for years. At the present time, there is consolidation of the entire upper lobe of the left lung, and the upper portion of the right lung is in the same condition. He believes it to be a case of chronic interstitial pneumonia. He did not think the patient has, or ever has had tuberculosis. This is not an isolated case. You must in cases of phthisis keep the stomach in good order, give food which agrees with the individual, the bowels must be kept regular, not by cathartics, but by the properly selected remedy. With outdoor air and exercise, and out-door air at night, a matter often overlooked and with our remedies, a number of which have been mentioned, we do accomplish wonderful results.

Dr. Dowling said he could point to cases where improvement has been just as remarkable in New York City as those in Texas, Colorado and elsewhere, which had been cited by the gentlemen preceding him. Hygienic measures and medicines, particularly Phosphorus and Aconite, the latter not mentioned in the treatment of this disease by the essayists, are indispensable in the treatment of phthisis.

The discussion on the Report of the Bureau here closed.

Dr. J. W. Dowling was appointed Chairman for 1887.

A Memorial Service was then held in honor of the deceased members of the Institute who have passed away during the past year. Short addresses were made on different members.

Dr. Dake offered resolutions of thanks to the Grand Union Hotel managers, railroad people, and local Committee of Arrangements, for courtesies, etc.

Thanks were extended to President Rannels for the faithful manner in which he had presided over the sessions. The following was adopted:

Resolved, That the thanks of this Institute be extended to the *Daily Saratogian* for the complete and able manner in which it has reported our proceedings.

Thanks were extended to Dr. Thomas M. Strong for the proficiency of his stenographic reports.

The meeting then adjourned *sine die*.

The Board of Censors reported at various times during the sessions of the Institute, and recommended the following physicians, who were accordingly elected to membership:

James C. Wood, Ann Arbor, Mich.; P. M. Cooke, Bethlehem, Pa.; Jos. Jones, San Antonio, Texas; Eldridge Lippincott, Memphis, Tenn.; Horace B. Holmes, Sycamore, Ill.; Jane H. Culver, Boston, Mass.; Edwd. L. Crandall, Troy, N. Y.; F. W. VanAlstyne, Troy, N. Y.; Leonard R. Kittinger, Wilmington, Del.; Theo. M. Johnson, W. Pittston, Pa.; Wesley A. Dunn, Wabash, Ind.; Jno. S. Martin, Muncie, Ind.; Maurice R. Hunt, Delaware, Ohio; Harry Z. Landis, Memphis, Tenn.; Byron G. Clark, New York City; Walter Tuttle, Milford, Mass.; Charlotte A. Rollins, E. Boston, Mass.; Wm. H. Scott, New York City; Ezekiel Morrell, Concord, N. H.; W. E. Pritchard, San Francisco, Cal.; Mary E. Grady, Philadelphia; S. F. Wilcox, New York; Maude Kent, Lynn, Mass.; C. B. Adams, New Haven, Conn.; Alice Burritt, Oakland, Cal.; C. S. Rounsevel, Nashua,

N. H.; Fred. S. Fulton, New York City; G. H. Wilkins, Palmer, Mass.; James A. Freer, Washington, D. C.; Daniel A. McLachlan, Ann Arbor, Mich.; John W. Leseur, Batavia, N. Y.; M. D. Youngman, Atlantic City, N. J.; William B. Van Lennep, Philadelphia; R. W. Mifflin, Baltimore; E. H. Wolcott, Rochester, N. Y.; H. C. Jefferds, Bangor, Me.; John A. Pearsall, Saratoga Springs; Jos. W. Barnsdell, St. Paul, Minn.; F. C. Richardson, E. Boston, Mass.; C. A. Gale, Rutland, Vt.; F. O. Clemmer, Indianapolis, Ind.; Henry E. Packer, Barre, N. C.; Emily V. D. Pardee, South Norwalk, Conn.; George G. Shelton, New York City; Leila G. Bedell, Chicago; Catherine Walker, Fredonia, N. Y.; W. W. Darling, Newport, N. H.; Walter H. White, Boston; Clara H. Rogers, Lawrence, Mass.; W. B. Perkins, Bridgetown, Me.; A. S. Murray, Fair Haven, Conn.; E. A. Colby, Gardiner, Mass.; Clarence Bartlett, Philadelphia; T. S. Dunning, Philadelphia; George E. Richards, Platteville, Wis.; Arthur F. Bodle, Grand Rapids, Mich.; Jas. Anthony Prunty, Imogen, Ia.; Sarah N. Smith, New York City; Charles McDowell, New York City; Warren N. Putnam, Hoosac, N. Y.; Fred. Leuggenheim, Utica, N. Y.; James E. Lilienthal, New York City; Clara L. Russell, St. Louis, Mo.; J. W. Candee, Syracuse, N. Y.; Frank Kraft, St. Louis, Mo.; M. J. Stevens, Massena, N. Y.; E. W. Sawyer, Kokoma, Ind.; H. L. Towner, Athens, Pa.; F. W. Halsey, Boston, Mass.; A. H. Felch, Castile, N. Y.; W. H. Nicholson, Adams, N. Y.; T. J. Putnam, N. Adams, Mass.; J. O. Hoffman, Dillsburg, Pa.; H. C. Baker, Kansas City, Mo.; L. J. Olmstead, Kansas City, Mo.

BELLADONNA IN TRAUMATISM.—A little 12-year old girl, while running, fell and lacerated considerably the skin on her left knee; the resulting pain and inflammation were so marked that she could neither walk nor bend her knee. There was marked fever. A cure was brought about in eight days by the use of Arnica locally and Belladonna internally. Also a boy at 7 years, had his foot grazed by a wagon-wheel. The ankle-joint swelled and inflamed. Extension and rotation were painful. Belladonna produced a cure in twelve days.—Dr. Klauber in *Allg. Homœo. Zeitung*, May 11th, 1886.

H. F. I.

HEMERALOPIA.—The term hemeralopia is well understood to mean a diseased condition of the eye, by which vision is more or less completely suspended during twilight or at night. Various structures of the eye have been looked upon by different authors as the seat of this affection. Some placed it in the retina while others considered it to be due to a defect in the optic nerve. In the most recent publication on this subject (*Hemeralopie und Untersuchung des Lichtsinnes*, by Dr. Th. Trantel, *Graefe's Archiv für Ophthalmologie*, vol. ii.), the author concludes that hemeralopia depends, not upon a disturbance of the sense of light, but upon the unadaptability of the eye to a diminution of light. Every person, even with healthy eyes, is placed in the condition of a hemeralope when first entering a darkened room after having been in a bright light. These normal eyes cannot instantly recognize even large objects, but with this difference, that the physiological night-blind soon adapts himself to the new surroundings, whereas the hemeralopic eye either entirely fails to become accustomed to the darkness, or does so only after a long time.

In consequence of this abnormal adaptation, the hemeralope appears to have this slight degree of distinctness of the sense of space, color, and light diminished. The pathological alterations have their seat apart from the nerve of vision, perhaps in the epithelium of the retina, in the secreting organs of the visual purple.—*N. Y. Medizinische Presse*, June, 1886.

H. F. I.

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THE
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BUSHROD W. JAMES, M.D.

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 The Editor is responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors.

Editorial.

THE ANNUAL SESSION OF THE INSTITUTE, recently held at Saratoga Springs, N. Y., must be numbered among its most successful gatherings. Of the eleven Institute meetings thus far attended by the writer of this article, this last one seemed in all respects the most enjoyable and satisfactory, and so general was this sentiment that scarcely a word of complaint was to be heard from those in attendance during the entire session.

President Runnels's address was replete with sound, practical suggestions, so logically presented withal, that all the more important of them were adopted by the Society. There was also, throughout the address, the evidence of a resolute loyalty to the principles of homœopathy and to its vital interests. Dr. Runnels also proved himself quite an excellent presiding officer, and succeeded in maintaining the rules of parliamentary order without hurting the feelings of the members—a task not always easy of accomplishment.

A few of the papers presented—notably one by the editor of this journal—were exceedingly trite and common-place. Most of them, however, were of a better order, and some gave evidence of much thought and practical research. The discussions also were interesting and generally profitable. The unfortunate feature about all the bureau reports was the race-

horse speed with which they were read—a speed made necessary to bring their presentation within the narrow time-limits of the by-laws. Next year this restriction will not be enforced, and carefully prepared papers will neither be rattled off from the reader's desk nor, as President Runnels expressed it, “mangled to death by an abstract.”

The Institute decided to reduce the “admission fee” to two dollars, a change which, it is believed, will facilitate the building up of the Institute's membership. It was also decided to adopt the “sectional plan” of bureau work, and a general basis was agreed upon for next year's programme, which will give to the least important bureaus as much time as any of them have heretofore occupied, while others, such as *Materia Medica*, *Clinical Medicine*, *Surgery*, *Obstetrics*, *Ophthalmology*, *Gynæcology*, *Pædology*, etc., will have twice as much time as heretofore. This time will be spent in sectional meeting, besides which each bureau will have a half hour during the *general* sessions in which to present such topics as it may be thought advisable to bring to general professional attention. These “sectional addresses” ought to put the bureau chairmen upon their mettle, since it is expected that each address will include a masterly discussion of important subjects, and especially of recent discoveries and improvements. If we mistake not it will soon become customary to measure the depth and breadth of a bureau chairman by the character of his “sectional address” delivered before the whole Institute.

The next meeting will be at the same place—Saratoga Springs. The Eastern members, finding that nearly all their Western brethren were heartily in favor of a second meeting at Saratoga, were, of course, not loth to support the measure. We make this statement lest some might erroneously suppose that the Eastern members had taken an unfair advantage.

The accommodations were excellent, the weather splendid, the attendance large, the ladies numerous and evidently enjoying themselves, the individual members satisfied, and the Institute, as a body, greatly encouraged.

OUR REPORT OF THE INSTITUTE PROCEEDINGS.—We desire to announce that the very full report of the Saratoga Convention, published in this number, was prepared by Dr. Clarence Bartlett, of Philadelphia, a gentleman who, for some two or three years past, has greatly and efficiently assisted in the editorial work of this journal.

It is not impossible that through errors in audition or from other causes, mistakes may have crept into the report. We should be greatly obliged to any reader or speaker who finds that serious injustice has been done him, if he would write to us very freely and give us a chance to correct the error in our next number.

A NINETY-SIX PAGE NUMBER.—The first number of the current volume contained sixteen pages over and above our contract size. The present number contains thirty-two extra pages, making a total of forty-eight pages over and above the number required by our agreement with our subscribers. This increase—from sixty-four to ninety-six pages—is made necessary by our endeavor to furnish a full report of the Institute meeting, and still fulfil our obligations to our contributors. This number is issued somewhat in advance of the stated time in order that our readers may enjoy an early perusal of the report.

Now, Mr. Reader, if you do not like this special effort of the *HAHNEMANNIAN*, please state your objections. If, however, you feel like commending it, why not testify your appreciation by recommending the journal to some neighbor? If the H. M. had a subscription list half as big as we think it deserves, it would issue a ninety-six page number *every* month. It gives back all its income to its readers.

THE ANNALS OF HYGIENE, edited and published by Joseph F. Edwards, M.D., 224 South Sixteenth street, Philadelphia, has been made the "Organ" of the Pennsylvania State Board of Health. The July number contains (besides other interesting matters) several of the papers read at the recent Sanitary Convention, held in Philadelphia, and the remainder of the thirty or forty papers will appear in succession. Through the pages of the *Annals*, the public will be kept informed of the work of the Pennsylvania and other Health Boards, the sanitary condition of the State and the progress and development of sanitary science in all its departments.

Dr. Edwards, the editor, has had large journalistic experience on the Editorial Staff of the *Medical and Surgical Reporter*. He is a member of the Pennsylvania State Board of Health, Chairman of the Committee on Hygiene of the Philadelphia County Medical Society (Old school) and, as might be inferred, is an enthusiastic and progressive sanitarian.

It is very desirable, for numerous reasons, that the sub-

scription list of the *Annals* should include as many Pennsylvania Homeopaths as possible. We homœopathic physicians strongly urged the establishment of the State Board; we can now show our interest in the subject practically, by enclosing the subscription price—two dollars per annum—to the editor as above. Let every member of our State and County Societies be on the list.

Gleanings.

NOTE ON LAPAROTOMY FOR INTESTINAL OBSTRUCTION.—In his "Address on Surgery" before the American Medical Association, Dr. Senn said: "A dilated intestine would indicate that the cause of the obstruction is lower down, while a collapsed bowel can only be expected on the peripheral side of the obstruction."

Dr. J. Edwin Michael, however, reports two cases of laparotomy for intestinal obstruction in which there was collapse of a portion of the small intestines, notwithstanding the fact that the obstruction was situated at the sigmoid flexure of the colon.—*Medical News*, May 29th, 1886.

LIPOMA TESTIS.—Dr. Roswell Park reports the case of a patient who had a painless, slow but continuous enlargement of the right testicle for eighteen months. It was then the size of a cocoanut. The tumor was solid yet soft, not tender except when the right testicle, which was in its upper part, was pressed upon. On handling it, an ill-defined fluctuation was noticed; no fluid was found on exploratory puncture. Patient gave every evidence of robust health. Over the surface of the tumor, the scrotal integument moved with perfect freedom. At the operation, a mass of densely packed fat was revealed. After shelling it out, the right testicle was found not merely imbedded in its upper part, but incorporated with the fat by apparently intimate tissue connection. The testicle was, therefore, removed along with the tumor. The entire mass after removal weighed just three pounds. It was impossible to say from what part of the spermatic tract the growth originated.—*Annals of Surgery*, May, 1886.

TEREBENE RASH.—A patient, aged sixty years, took five minim doses of Terebene, four times a day, for chronic bronchitis. After taking six doses, he had to desist on account of a profuse, bright-red, papular rash, intensely itching, making its appearance first on the left hand, and then on both ankles, extending up the legs to the knees. The hand also was very much swollen. The patient had previously displayed an idiosyncrasy respecting turpentine.—*Lancet*, May 22d, 1886.

A BACILLUS CULTIVATED FROM THE BLOOD AND FROM THE DISEASED TISSUES IN SYPHILIS.—Drs. Eve and Lingard have demonstrated bacilli in numbers in many primary sores, indurated glands of syphilis in gumme, in a papular syphilide, and in condyloma. They have further succeeded in cultivating a morphologically identical bacillus from the blood of syphilitic patients in two instances and from syphilitic tissues in three. In none of the cases from which cultivations were obtained, had Mercury been administered for any length of time. All these cultivations were composed of a very peculiar and somewhat polymorphous micro-organism consisting of longer or shorter rod-like bodies, with rounded and somewhat enlarged or distinctly club-shaped ends; they were usually straight but occasionally

curved. The longer bacilli were, as a rule, unequally stained, and showed from three to five, or even eight, deeply stained segments, united by unstained protoplasm, and inclosed in a hyaline sheath. Organisms were observed in which the unstained material was drawn out in a thread-like filament connecting the enlarged end to the rest of the bacillus. The shorter organisms were composed of two elongated or oval masses of stained protoplasm separated by a clear interval, which relatively increased as the bacillus became longer. If the specimens after staining were not well washed, the organisms were uniformly colored. These bacilli are not the same as those found in normal smegma.—*Lancet*, April 10th, 1886.

TREATMENT OF ACNE.—Dr. Mahlon Hutchinson notes the fact that many cases of acne are attended with or caused by hyperæmia or irritability of the genital organs. He also remarks that patients with nocturnal emissions and spermatophobia suffer but little, if any, from acneiform eruptions. The chief indication for treatment is the reduction of the genital hyperæmia. This he accomplishes in the male by the passage of the cold urethral sound, every third day. Improvement is very rapid. In the case of acne occurring in the female, Dr. Hutchinson orders hot-water vaginal injections every other night, and with successful results.—*Medical Record*, May 29th, 1886.

TEST FOR BILE IN URINE.—A writer, in the *National Druggist*, directs attention to chloroform as a test for bile in the urine. It is ready, delicate and certain. All that is necessary is to agitate a few drops of it in a test-tube along with the suspected urine. If bile be present, the chloroform becomes turbid, and acquires a yellowish hue, the depth of which is in proportion to the amount of bile present in the urine. If no bile be present, the test-fluid remains limpid.—*Amer. Med. Digest*, May 15th, 1886.

CARBUNCLES (?) CURED BY A GONORRHOEA.—A young man, treated by Dr. F. N. Smith, of Allentown, N. Y., for boils and carbuncles (?) contracted gonorrhœa, after which his other troubles rapidly disappeared.—*Med. & Surg. Rep.*, May 29th, 1886.

DIET IN ALBUMINURIA.—After passing in review the principal theories which have been given, regarding the pathogenesis of albuminuria, Nollet offers the following conclusions: 1. Milk diet has as yet given the best results in the treatment of albuminuria. 2. This method is not applicable to all forms, and, if too prolonged, may produce serious inconveniences for the patient. 3. The albuminuric should avoid large meals, eating frequently, but little at a time. 4. Individual susceptibility must determine the sorts of animal food least injurious to the patient. 5. Fish appears to favor the passage of albumen into the urine.—*Med. & Surg. Rep.*, May 29th, 1886.

RELATION OF THE CHORDA TYMPANI TO THE SENSE OF TASTE.—Dr. E. Schulte relates a case in which the chorda tympani was divided in an operation on the left tympanic cavity. There followed immediately paralysis of taste in the anterior two-thirds of the left side of the tongue, and, even after eight weeks, there still remained complete absence of the perception of taste for sweet, sour, bitter, and salty substances. The temperature sense was intact, but the patient was unable to tell whether the hot or cold substance was a solid body or a fluid. From a study of this case, the author came to the conclusion as opposed to the opinion of Carl and Wolf, that the chorda tympani contained all the fibres of taste perception for the anterior two-thirds of the tongue.—*Medical Record*, May 22d, 1886.

TREATMENT OF KELOID AND HYPERTROPHIED SCARS BY ELECTROLYSIS.—In a case which came under the treatment of Dr. W. A. Hardaway, for the cure of superfluous hair, a large number of hypertrophied scars on

the face were exhibited. These had been produced by caustic injections in or near the hair-follicle in a futile endeavor to remove the hirsute growth. In attempting the removal of the hairs, the electrolytic needle was plunged in and about the disorted follicles, thus acting very fully on the scar tissue, the idea being to destroy the hair papillæ only. It did more than this. The hypertrophied scars became smoothed out. The next case operated on by Dr. Hardaway was one of radiating scar on the forehead. Electrolysis smoothed the cicatrix completely. A case of keloid was also operated by electrolysis. Multiple punctures were made by the electrolytic needle. After a number of visits the patient disappeared. Inquiry now elicits the fact, that she abandoned treatment on account of the pain of the procedure. Improvement, however, had continued until there was only a small white scar in the place of the keloid.—*Phila. Med. Times*, May 29th, 1886.

MALARIA IN CHILDREN.—Kingsley concludes that, in malaria in children (1), There is an absence of the chill and of the sweating stage; (2), There is a slight, periodic fever which can only be detected by the aid of the thermometer; (3), There are frequent or periodic pains in the head or epigastrium; (4), There is indigestion; also nausea, vomiting or diarrhœa; (5), Tonsillitis, pharyngitis or bronchitis frequently accompany this condition; (6), Coughing spells occur periodically, and mostly at night; (7), The spleen should always be examined by palpation and percussion, and quinine should be administered in doubtful cases, to confirm the diagnosis.—*Archives of Pediatrics*, May, 1886.

DANGER FROM COCAINE IN GLAUCOMA.—According to Dr. Juval, of Paris, the instillation of cocaine in glaucoma produces the same deplorable results as does atropia. In many cases that came under his observation, the condition of glaucomatous eyes had become aggravated by the use of this agent, and that, in certain cases in which the symptoms of glaucoma were scarcely perceptible, cocaine rendered them more marked; These symptoms, however, may be successfully combated by eserine.—*Journal of the American Med. Ass'n*, May 29th, 1886.

RHEUMATIC PURPURA.—There exists a purpura of rheumatic nature, which is a manifestation of the general rheumatic disease, in the same way as endocarditis, pleuritis, and polyarthritis may be. This purpura is at times simple and at times hæmorrhagic. This important distinction, for purposes of prognosis, is in rheumatic purpura as in purpura of other origin, without consequence as regards nosology. Simple rheumatic purpura is by far the most frequent. Its durations and extension are very variable. At times a simple epiphenomenon, it may pass unperceived; at other times the exanthem attracts more attention than the rheumatism. In the latter case, the clinical picture is that of the peliosis of Schönlein and Fuchs. To establish the rheumatic origin of certain purpuras, we have only taken the cases in which the joint affection was well marked, but it is proper to admit that a rheumatic purpura could exist without polyarthritis.—*Journal of Cutaneous and Venereal Diseases*, June, 1886.

SCLEROSIS OF THE EXTERNAL FEMALE GENITAL ORGANS.—Professor Breisky has made some observations on a new disease of the external genital organs in the female, characterized by a sclerosis and consecutive retraction of the integument. The changes may sometimes go on to such an extent that the nymphæ become gradually atrophied, and finally disappear altogether, simulating, if seen then for the first time, a congenital malformation of the parts. The affection begins in the fold where the labia minora unite with the clitoris, invading then the labia minora and possibly even the majora. As a consequence, a stenosis of the vaginal orifice results at the level of the vestibule. When the disease has progressed to a less ex-

tent, it is characterized by a hardness and dryness of the skin and thickening of the epidermis. Up to the present time, the author has collected a dozen cases of this singular affection. He has only once succeeded in making an anatomico-pathological study of a case, in which he found a true scleroderma. The papillary portion of the skin is especially subject to this sclerotic transformation.—*Journal of Cutaneous and Venereal Diseases*, June, 1886.

THE IMMEDIATE CLOSURE AND RAPID CURE OF FISTULA IN ANO.—Every surgeon has met with cases of fistula in ano, which have resisted the old methods of treatment and failed altogether to heal. And even when those, having a large abscess cavity, healed after free incision, there was often a cicatrix left, which was a source of constant irritation from the tendency of the accumulation of filth in the deep sulcus. Occasionally, there remained a troublesome defect in the action of the sphincter. Led by the successful results following the operation for restoration of the perineum, even when the sphincter ani was involved, Dr. Stephen Smith has applied the same principles to the treatment of fistula in ano, and, in order to effect a more rapid cure and less unpleasant sequelæ. The principles which should be borne in mind in the operation are; 1. Complete removal of the lining membrane of the fistula and of the abscess-cavity which may exist; 2. Accurate and permanent adjustment of the opposing surfaces; 3. Thorough antiseptic treatment of the wound. The following is Dr. Smith's plan of operation: The bowels are first thoroughly evacuated. The patient is placed on a milk diet. The parts about the anus are washed thoroughly and shaved, and bathed in bichloride of mercury solution. A sponge is placed in the rectum to prevent any matter from the bowels escaping and soiling the wound. If the fistulous passage is direct, it is incised in the usual manner. If there is an abscess cavity, this is opened to the fullest extent. The so-called pyogenic membrane is carefully dissected away, throughout both the cavity and the fistula. The rapid and permanent healing of the wound depends on the thoroughness with which this is done. The first step in the closure of the fistula and abscess is to secure perfect apposition of the margins of the wound within the rectum. To do this, an assistant should extrude the bowel by introducing the finger well into the rectum, and bending it as a hook. The whole fistulous track is brought into view, and the sutures are applied so as to secure perfect apposition.—*Medical Record*, June 12th, 1886.

HEMIANOPSIA.—The March number of the *Archives de Neurologie* contains an almost exhaustive article by Dr. Seguin of New York. The value of the symptom in diagnosis is summed up in a few propositions, which so far as our present knowledge goes, may be regarded as accurate. Lateral hemianopsia always indicates an intracranial lesion on the opposite side, to the loss in the field of vision. Lateral hemianopsia with immobility of the pupil and neuritis or atrophy of the optic papillæ, especially if in combination with symptoms of disease of the base of the brain, is due to alteration in the optic tract or of the lowest visual centres on one side. Lateral hemianopsia, or the analogous geometrical obscuration of the visual field, and associated with hemianæsthesia and ataxic or choreiform disorders of movement in one-half of the body, without obvious hemiplegia, is probably due to a lesion of the postero-lateral part of the optic thalamus or of the posterior division of the internal capsule. Lateral hemianopsia, with complete hemiplegia (becoming spasmodic after some weeks) and hæmianæsthesia is probably caused by an extensive lesion of the internal capsule about its knee and posterior limb. Lateral hemianopsia with typical hemiplegia and aphasia, if the right side be affected, together with more or less anæsthesia is almost certainly due to an extensive superficial lesion in the area irrigated

by the middle cerebral artery. Lateral hemianopsia with slight motor weakness of one-half of the body, especially if combined with disturbance of the muscular sense, would probably be due to a lesion of the inferior parietal lobule, the angular gyrus and subjacent white matter extending deeply enough to injure or compress the optic radiations in their path towards the visual centre. Simple lateral hemianopsia, without motor or sensory troubles is due to a lesion of the cortical visual centre on the opposite side.—*Lancet*.

COCAINE ANÆSTHESIA IN PARTURITION.—At the meeting of the Association of German physicians in Prague, Fischel presented the record of five cases, in which cocaine applications were used to diminish the pains of labor. His results were not so striking as those of Doléris, probably because he employed weaker solutions. He records one case of absolutely painless delivery, two in which the pain was greatly diminished by the application, and two in which the results were negative.—*Medical News*, May 22d, 1886.

HATTERS' CONSUMPTION.—According to Dr. J. W. Stickler, of Orange, New Jersey, out of a total of 551 deaths among hatters in Orange and Newark, 314 were from phthisis, and 53 from other forms of lung disease, making the percentage of deaths due to all the recorded forms of lung lesions, 66.6 per cent. He concludes that (1) pulmonary phthisis is the most common and fatal disease among hatters; 2. That the greatest number of deaths occur among the "finishers"; 3. That this particular type of phthisis is due to a mechanical irritation of the lungs by the fur and dust which pervade the air of the "finishing" and "pouncing" rooms; 4. That the inhalation of the fine fur hastens the progress of inherited or acquired pulmonary consumption.—*N. Y. Med Journ.*, May 29th, 1886.

A NEW METHOD OF ESTIMATING THE CONDITION OF THE RIGHT SIDE OF THE HEART.—The physical sign in question is a distension or over-feeeling of the external jugular veins, apparently from below, with or without pulsation or undulation, which takes place when pressure is exerted in the right hypochondriac or epigastric regions with the flat of the hand, the direction of pressure being backwards and upwards. Before proceeding to make the examination, the patient should be placed in the recumbent posture, with the neck slightly extended and the head turned to one side, while care is taken that the muscles of the neck are not in a state of tension. The sign is most marked on the right side. According to Dr. W. Pasteur, this phenomenon is invariably met with in cases which showed evidence of great over-distension or failing compensation in the right heart. It is invariably present in well-marked tricuspid incompetence, whether functional or due to disease of the valves.—*Lancet*, May 15th, 1886.

TREATMENT OF WHOOPING-COUGH WITH ILLUMINATING GAS.—It has long been known that whooping-cough may be relieved by the inhalation of the gases which are developed in the manufacture of illuminating gas, and, therefore, a course of visits to the gas-works has often served to produce improvement in this disease. Dr. W. T. Greene believes that he has discovered a substitute for this method of treatment which will produce better results, without the inconvenience of the former plan. A piece of ordinary gas-tubing is obtained of sufficient length to reach from one of the gas-burners to the floor. The gas is then turned on sufficiently, just enough to make its odor perceptible, and the little patient allowed to stand over and inhale it for a few moments as often as convenient. It will not make him cough, but, on the contrary, afford a grateful sense of relief, and, after a few inhalations, the more formidable symptoms of the disease will disappear,

and will altogether cease to manifest themselves after a few days.—*Therapeutic Gazette*, May 15th, 1886.

POISONING BY OLEUM SUCCINI.—A physically strong woman, æt. 30, swallowed a tablespoonful of amber oil with the intention of committing suicide. Immediately afterwards, she was seized with violent vomiting, scarcely controllable diarrhoea and high temperature. She was pregnant and the vagina showed a purulent discharge of non-fœtid odor. Urine opaque and did not contain albumen. The thirteenth day of her illness a twin abortion occurred accompanied by moderate bleeding; both fœtuses were removed from the vagina in a very decomposed state. The next day, one, twenty-four hours after, the other placenta was expelled. Symptoms of sepsis set in after the delivery, and in consequence of strong injections of corrosive sublimate, parotitis and stomatitis developed, but finally, recovery took place. The disease in the beginning greatly resembled typhus.—*Med. and Surg. Rep.*, July 10th, 1886.

RESEARCHES ON THE BIOLOGICAL ACTION OF SILVER.—Curci (*La Medicina Contemp.*, March, 1886), has experimented with a double hyposulphite of sodium and silver, this salt being very soluble, not coagulating albumen, non-irritant, and readily absorbable by the subcutaneous connective tissue. In frogs silver paralyzes the excito-motor nerve apparatus of the heart, and in this way produces slowing and progressive weakening of the systole and arrest in diastole. It does not paralyze the muscular fibre. In mammals, silver acts on the bulbar vaso-motor centre, at first stimulating it and, therefore, increasing the arterial pressure, then paralyzing it and lowering the pressure. It causes the peripheral arterial vessels to contract, but it has no action on the veins. It acts on the nerves and excito-motor ganglia of the heart, gradually paralyzing them, causing the heart to become flaccid, the pulse weaker and smaller, and finally paralyzing it. The paralysis of the central vaso-motor nervous system, and particularly of the pulmonary vaso-motor fibres, aided, perhaps, by the cardiac paralysis, is the cause of the congestion and œdema of the lungs. Therapeutically, Silver, owing to its power of diminishing and abolishing the excitability of the sensory, cerebral and spinal nerve centres, is rationally indicated in epilepsy, locomotor ataxy and other diseases of the great nervous centres, characterized by increased excitability. From its action on the respiratory centre, it is useful in nervous or idiopathic asthma. Since it also diminishes and abolishes the excitability of the ganglia and excito-motor nerves of the heart, it is useful in some cases of angina pectoris.—*Medical News*, July 10th, 1886.

SPONTANEOUS TRANSFORMATION OF MORPHINE INTO APOMORPHINE.—A solution of hydrochlorate of morphine for subcutaneous injection (3 per cent.), was ordered for a patient, and its injection was promptly followed by relief of the pain, without any gastric symptoms whatever. Eleven months later the patient made use of the same solution; but, this time, the injections gave rise immediately to violent and uncontrollable vomiting. The solution was given to a well-known analyst at Paris for examination, and he ascertained that apomorphine was present, thus accounting for the sickness.—*British Med. Journ.*, June 26th, 1886.

THE FUNCTIONS OF THE MEMBRANA TYMPANI ILLUSTRATED BY DISEASE.—Sir Wm. B. Dalby shows that structural changes in the tympanic membrane of a very extensive nature may exist without impaired hearing. He has seen instances in which, after as much as one-half of its area is occupied with calcareous deposit embedded in its substance, the hearing remains normal. Inasmuch, however, as a certain proportion of individuals, who are the subjects of this condition, have imperfect hearing, it is fair to

presume that in these latter cases, the loss of hearing is due to changes behind the membrane.

He also says, that loss of continuity in the tympanic membrane does not necessarily interfere with its function, provided that the ligamentous support which it affords to the chain of ossicles is not impaired. In several instances in which the membrane had been accidentally pierced by some sharp object, the hearing was not injured. In one case in which a sudden explosion ruptured the membrane in two places, hearing was perfect and the ruptures healed in a few days. On comparing the notes of other cases, in which the hearing was injured by explosions, it was found that the hearing suffered more injury when the membrane was not ruptured than when it was.—*Am. Journ. of the Med. Sc.*, July, 1886.

EFFECTS OF MENTAL OVERWORK UPON THE TEETH.—Among the hard worked pupils of the Paris public schools, the teeth become deteriorated in a few weeks after entry. The second dentition is often premature. These observations confirm the statements of Dr. J. L. Williams, who has shown that any mental strain shows itself upon the teeth in a short time, both in increased decay as well as in increased sensibility of the dentine. Dr. D. M. Parker has reported that these same changes are always apparent in men who are in training for athletic trials. As there is not the slightest doubt of the accuracy of these observations, they show that these are matters which demand serious consideration from educators.—*Journ. of the Am. Med. Assoc'n*, July 3d, 1886.

LUPUS OF THE THROAT.—Ramon de la Soto y Lastra says, regarding this affection, that it may make its appearance at any period of life. He has observed it oftener in men than in women, and in every constitution, although the greatest number he has seen have been of the lymphatic temperament. Inheritance has nothing to do with the trouble. He has never been able to observe the initial manifestations of lupus in the throat, but he detected the first steps in the invasion of the sound places attacked by the lupus late in the disease. Sometimes the mucous membrane assumes a purplish color, swells up and becomes granular and one or two of the granulations develop so much as to reach the size of a pea, or even that of a hazel-nut. Occasionally, the tubercles become prominent in the throat previous to alteration in the mucous membrane, and without differing from its normal color. They may be either superficial or deep. Their surface is smooth and brilliant, but if several of them become intimately united, they appear as a single mass, rounded, cloven, and anfractuons. It is very seldom that a single tumor is observed in lupus, as is the case in carcinoma. On pressure, they present an elastic resistance. This hardness is greater than that of inflammatory infiltrations, but it never reaches the consistence of an epithelioma. Those parts on which the tubercles develop become rigid, for which reason their natural movements are sluggish, restrained, or entirely lost. When the tubercles develop exuberantly in the larynx, breathing becomes embarrassed, and even stridulous. There is no alteration in the sensitiveness of the affected parts. Finally, the tubercles soften and become ulcerated. This melting down does not take place in a complete manner. In some cases, only the surface of the tumor becomes fissured or excavated as a margin to simple excoriations. In others, the destructive process attacks a greater or smaller portion of the tubercle in its entire depth, producing ulcers which dip out of sight in the midst of the tissues. The cure of these cases is difficult and is followed by indelible scars. In some cases, the ulcers are developed in a slow but fatal manner; in others, they spread with astonishing rapidity; while in some others, they stop in the beginning, but how far their ravages may extend, it is impossible to predict.—*N. Y. Medical Journal*, July 10th, 1886.

SALIX NIGRA—Dr. E. A. de Cailhol, of Los Angeles, Cal., has used very successfully in cases of masturbation, excessive venery, nymphomania, etc., the fluid extract of *Salix nigra* in teaspoonful doses. He has also used the same drug in the third decimal dilution in one case of impotency with the result of curing the patient in an incredibly short space of time. The author gives no special symptoms indicating *Salix*.—*California Homœopath*, July, 1886.

News, Etc.

PERSONAL ITEMS.—Dr. H. M. Hobart, of the Chicago Homœopathic College, will spend his summer vacation in Europe. Dr. Hobart is the newly-appointed Chairman of the Bureau of Materia Medica in the American Institute, and, judging from an interesting conversation we recently had with him, he is fully alive to the responsibilities of his position.

Dr. David M. Castle, of Philadelphia, recently lost his wife after a short illness from Bright's disease.

Prof. Clifford Mitchell's manual of "Simple Tests" is now out. All orders should be addressed P. O. Box 578, Chicago, Ill.

THE COLLEGE OF THE NEW YORK OPHTHALMIC HOSPITAL is making special preparations for the coming session. There is probably no institution, homœopathic or allopathic, in this country, which affords equal facilities for studying the diseases of the eye and ear; and physicians who desire to perfect themselves in these specialties are wisely availing themselves of its advantages.

THE NEWTON, MASS., COTTAGE HOSPITAL is managed by a medical staff composed of four homœopathic and four allopathic physicians, and harmony prevails all around. The institution has accommodation for twenty-five patients in a good building, together with seven acres of ground.

DEDICATION WEEK AT THE HAHNEMANN COLLEGE.—The exercises incident to the dedication of the new building of the Hahnemann Medical College, of Philadelphia, will begin on Monday, September 20th, and continue during the entire week. In connection with the dedication ceremonies, the twenty-second annual session of the Homœopathic Medical Society of Pennsylvania, will be held in the new building, and there will be a grand reunion of the College Alumni under the auspices of the Alumni Association. All homœopathic physicians are invited. A complete programme for the entire week will be issued about the latter part of August, and any physician who fails to receive a copy should notify the Dean, Dr. A. R. Thomas, 1733 Chestnut Street, Philadelphia.

On Monday, day and evening, the building will be open for inspection by the physicians of Philadelphia and vicinity, irrespective of schools or creeds. On the evening of the same day, in one of the lecture-rooms, the preliminary business of the State Society will probably be transacted. On Tuesday, morning and afternoon, will occur two sessions of the State Society, and during the evening the dedication exercises proper will occur. For this occasion a most interesting programme is in course of preparation by a Committee of the Board of Trustees. On Wednesday, morning and afternoon, there will be two more sessions of the State Society, and in the evening the reunion of the College graduates from 1849 to 1886 will take place. It is desired that this occasion shall cement anew the old friendships of college days, and the "class secretaries" appointed recently are urged to make

every effort—each for his own class—to make this a memorable, as well as delightful occasion. The exercises will be in charge of the Executive Committee of the Alumni Association, but all graduates, whether members of the Association or not, will be equally welcome.

On Thursday, during the day, the State Society will hold its closing sessions, to be followed in the evening by a reception tendered to the visiting physicians and their friends by the Philadelphia County Society. On Friday and Saturday the Women's Hospital Aid Association will have possession of the building for a grand public reception and bazaar in aid of the Hospital Building Fund. It is expected that this will constitute one of the most enjoyable features of the week's programme. A large and brilliant gathering, representing Philadelphia's wealth, culture, beauty and fashion, is anticipated.

On the following Monday evening, the General Introductory Lecture will be delivered by Professor Pemberton Dudley, and the next morning the regular course of lectures will begin.

The Pennsylvania State Society, at all its recent sessions, has greatly enjoyed the presence of eminent physicians from other States. This year she hopes to be honored by the attendance of a much larger number. The sessions of this society possess an interest second only to that of the meetings of the Institute, and this interest is always greatly enhanced by the presence and participation of distinguished medical men and women from beyond her own jurisdiction.

OBITUARY.

DR. C. T. CORLISS.

After an illness of nearly a year, Dr. C. T. Corliss, of Indianapolis, Ind., died at his residence on July 5th, aged sixty-eight years. He was born in St. Lawrence County, New York, where he studied medicine with his uncle, Dr. Hiram Corliss, but for the past thirty years he practiced homœopathy in Indianapolis. He was a gentleman of excellent attainments and high social standing, was an active Mason, had quite a taste for polite literature, and had contributed poems of no mean order to the secular press. Physicians who attended the meeting of the Institute at Indianapolis, in 1882, will remember him as the white-haired intellectual looking gentleman who delivered the address of welcome on behalf of the Indiana Institute of Homœopathy, of which he was then president.

The homœopathic physicians of Indianapolis have adopted resolutions of respect to his memory.

W. B. CLARKE, M.D.

DR. G. N. BRIGHAM.

Dr. G. N. Brigham, of Grand Rapids, Mich., well known as the author of a work on consumption, died suddenly of angina pectoris at Roger's Park, Chicago, Ill., on June 21st, 1886. The deceased was born at Fayston, Vt., March 3d, 1820. In 1842, he determined to study medicine, and with that end in view he entered the office of Dr. Joslyn, of Waitsfield, Vt. He graduated from the Vermont Medical College at Woodstock in 1845. He began practice in Warren, Vt. With five comrades, he founded the Vermont Homœopathic Society, of which he was elected President. He joined the American Institute in 1869. Leaving Warren, Dr. Brigham settled in Waitsfield and afterwards in Montpelier. In 1875 he removed to Grand Rapids, Mich., where he has since resided.

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REPERTORY OF MENSTRUAL AND LEUCORRHOEAL SYMPTOMS.

BY Z. T. MILLER, M.D., PITTSBURGH, PA.

Menses too Soon and Scanty.—Alumin., Am. m., Ant. t., Asaf., Ign., Iod., Kali bi., Kali c., Mang. acet., Nit. ac., Phos., Sepia, Silic., Thuja.

Menses too Soon and Profuse.—Actea, Aloes, Am. c., Arg. nit., Ars., Borax, Brom., Bryon., Cact., Calc. c., Calc. ph., Canth., Carbo an., Carbo veg., Caust., Cham., Cina, China, Cocc., Coffea, Cyclam., Fluor. ac., Helon., Ign., Iod., Ipec., Kreos., Lauroc., Ledum, Lobel., Merc. cor., Mez., Mur. ac., Nat. c., Nat. mur., Nux v., Petrol., Phos., Phos. ac., Phytol., Plat., Rhod., Rhus, Sabin., Secale, Sepia, Spong., Stau., Sulf. ac., Ustil., Verat. alb., Zinc., Zing.

Menses too Late and Scanty.—Acon., Alum., Am. c., Aurum, Calc. ph., Conium, Dios., Dule., Euph., Graph., Lith. c., Mag. c., Nat. m., Petrol., Puls., Sarsap., Sulf., Valer.

Menses too Late and Profuse.—Chelid., Ferrum, Silic., Staph.

Menses at Regular Intervals; Profuse.—Agar., Can. sat., Can. ind., Crocus, Lycop., Merc., Opium, Samb., Selen., Stram.

Menses at Regular Intervals; Scanty.—Baryta c., Berb., Euph., Lach., Lil. tig.

Menses Suppressed.—Agnus c., Coloc., Conium, Cyclam., Dule., Gels., Helleb., Millef., Nitrum, Rhodod., Sepia, Tarax.

CONCOMITANT SYMPTOMS.—At appearance of menses such pain in the back she can scarcely breathe.—Asarum.

Menses every two weeks with much clotted blood.—Bovista.

Menstrual blood as dark as pitch.—Cactus.

Suppression from working in water.—Calc. carb.

During menses sick stomach, pressure in epigastrium.—Capsicum.

Great weakness during flow, can hardly speak.—Carbo an.

Painful menses, flow normal.—Cauloph.

Menses do not appear after erysipelas.—Cistus can.

During menses, so weak can hardly stand. Cocculus.

Menses do not appear, suppression of foot sweat.—Cuprum.

Menses suppressed or scanty, with dread of fresh air.—Cyclam.

Amenorrhœa from disappointed love.—Helleb.

Menses painful, last only one hour, time regular.—Euph.

Uterine hæmorrhage renewed at every stool.—Iodine.

Menses eight to fourteen days too soon.—Kalmia.

Menses cease suddenly and headache comes on.—Lith. carb.

Menses pale.—Mancin.

Menses profuse with easy conception or sterility.—Mercurius.

Menses scanty with prosopalgia.—Mezer.

Sterility with too early and too profuse menses.—Nat. mur.

Nose-bleed before the menses.—Nat. sulf.

Menses irregular in time and quantity.—Nux mosch.

Menses profuse with violent colic.—Opium.

Menses suppressed with milk in the breasts.—Phos.

Menses too early, too profuse and short lasting.—Platina.

Menses irregular, every two or three months.—Silic.

Menses irregular, late and profuse.—Staph.

Menses very watery.—Stram.

Nightmare before the menses.—Sulf. ac.

Menses come on from over exertion.—Ambra, Tril.

ACCOMPANIED BY *sensation of weight in the womb.*—Actea r., Gels.

Aching in the sacrum and knees.—Aesc. hip.

Relaxation of parts.—Agnus c.

Tension in the abdomen.—Am. m.

Itching.—Anac., Calc. c., China, Fer., Kali c., Kreos., Merc., Nat. m., Phos. ac., Sepia, Zinc.

Red swollen labia.—Aurum m., Puls.

Colic.—Bell.

Prostration.—Berb., Kreos.

Great debility.—Stan., Tril.

Sense as if warm water flowed.—Borax.

Weak feeling in stomach.—Carbo an.

Moth patches on forehead.—Cauloph.

Softened scirrhus, lancinating pains.—Clemat.

- Labor-like pains both sides.*—Conium, Ign., Dros., Kali c.
Great tenderness of vagina.—Ham.
Atony and anæmia.—Helen.
Smarting vulva.—Hep. s.
Biting in vulva.—Kali hyd.
Delayed menses, palpitation, pressure in small of back and bowels.—Hyper.
Spasmodic pains and irritation of bladder and rectum.—Erig.
Aching across lower part of back, heavy fulness in uterine region.—Gels., Kali bi.
Weak back walking or sitting.—Graph., Kali bi.
Backache, labor-like pains.—Kali c.
Pale face and copious urination.—Ledum.
Labor-like pains lower part of back.—Lil. tig.
Backache, sore anus.—Mur. ac.
Lameness of small of back.—Nitrum.
Nightly lascivious dreams.—Petrol.
Costive, bearing down.—Podo.
Violent pain in sacrum and right loin.—Psor.
Cutting in abdomen.—Puls.
Pain at meatus.—Sarsap.
Feeling as if changes would come on.—Sulf. ac.
Atony of mucous membrane.—Millef.
Yellow complexion.—Nat. m.
Wakens with dry tongue.—Nux mos.

LEUCORRŒA.

- COPIOUS.*—Acon., Apis, Arg. n., Asaf., Caulop., Caust., Erig., Eupat. p., Graph., Lach., Ledum, Silic., Alum.
COLOR—Yellow.—Acon., Aesc. (dark), Carbo veg., Arg. n., Cham., Hydras., Kali bi., Kali c., Kalm. l., Merc. rub., Merc. cor. (pale), Nat. c. (thick), Phos. ac., Sabina (thick), Sepia, Stan., Sulf., Tril., Bov.
Transparent.—Agnus, Alumina, Stan., Nat. m., Podo. (thick), Sulf. ac.
Containing Lumps.—Merc., Psor.
Bloody.—Aloes, Ant. t., Lycop., Sulf. ac., Tril., Zinc, Ham.
Bluish-white.—Ambra.
Brown, Slimy.—Am. mur., Nit. ac., Secal.
Green.—Apis, Asaf., Nat. m., Nit. ac., Sepia, Bov.
White.—Graph., Mag. c., Nitrum, Stan., Aurum m., Bell., Gels., Conium.
Flesh-colored.—Nit. acid.

CONSISTENCE.—*Mucus*.—Aloes, Ambra (thick), Bell., Cauloph., Coffea, Podo., Stan., Sulf., Thuja, Zinc, Sang.

Tenacious.—Acon., Aesc. h., Bov., Hydras., Kali bi., Nit. ac.

White of Egg.—Borax, Bov., Calc. ph., Am. m., Mez., Petr., Platina.

Like Milk.—Calc. c., Carbo veg., Coffea, Conium, Fer., Kreos., Lycop., Puls. (thick), Secale (cream), Silic., Sulf. ac., Trill. (cream).

Watery.—Am. c., Ant. c., Cocc., Kali hyd., Phos., Sepia, Lil. tig.

Purulent.—Ign., Merc., Sepia.

Acid.—Alum., Am. c., Anac., Ant. c., Apis, Berb., Bov., Con., Iod., Fluor. ac., Kreos., Lil. tig., Mag. c., Nat. m., Nitr. ac., Phos., Puls., Ranunc. b., Silic., Sulf. ac., Kali hyd.

Corroding.—Aesc. h., Alum., Arg. n., Bov., Carbo veg., Clemat., Conium, Ign., Iod., Kreos., Lil. tig., Lycop., Merc., Mez., Ranunc. b., Ruta, Sang., Silic., Sulf., Kali hyd.

Burning.—Am. c., Aurum, Calc. c., Carbo an., Conium, Kali c., Puls., Sulf. ac.

Smarting.—Ant. c., Aurum, Cham., Hepar, Fer., Lach., Merc.

Odor, Offensive.—Asaf., Carbo an., Secale, Sepia, Nitr. ac.

Putrid.—Kreos., Nat. c., Psor.

Sweetish.—Merc. c.

Fetid.—Nux v., Opium, Sabina, Sang.

Like Menses.—Caust.

In place of the Menses.—China, Cocc., Nux mos., Phos.

In Children.—Merc. rub., Millef.

AGGRAVATIONS.—*Before Menses*.—Bov., Zinc.

During Menses.—Iod.

After Menses.—Aesc. h., Bov., Kalm., Phos. ac., Ruta, Zinc.

Walking.—Aesc., Carbo an., Sarsap. (after).

During Day.—Alum., Graph., Plat.

Day to Day.—Ambra, Petrol.

Sitting.—Ant. t.

Rising from a Seat.—Plat.

Standing.—Carbo an.

Morning Rising.—Carbo veg., Graph., Natr. m.

Night.—Caust., Graph., Merc., Ambra.

Urinating.—Coffea, Plat. (after), Am. mur.

Gushes.—Graph.

Starts.—Lycop.

Between Menses.—Kreos., Tril.

Noon till Midnight.—Lil. tig.

Before Full Moon.—Lycop.

After Stool.—Mag. m.

After Uterine Spasms.—Mag. m., China.

After Suppressed Menses.—Ruta, Sabina.

Every Two Weeks.—Sabina.

RELIEF—Cold Water.—Alum.

After Urinating.—Nat. c.

PRECEDED BY stitches in the vagina.—Ambra.

Gripping pains about navel.—Am. mur., Silic.

Uterine contractions, painful bearing down.—China.

Violent labor-like pains.—Ign.

Colic.—Mag. c., Nat. m., Zinc.

Metritis.—Opium.

Pain in abdomen.—Sulf.

APIS MELLIFICA.*

BY HENRY N. GUERNSEY, M.D., PHILADELPHIA.

PAINS like bee-stings, with the thrust and the burning following; absence of thirst; scanty urine; shrill, sudden piercing screams while sleeping or waking, form invaluable key-notes to the use of this remedy.

Mind.—The mental symptoms are rich in unconsciousness, absent-mindedness, impaired memory, and slow march of ideas. Lets things fall from the hands from inadvertency. Delirium with or without muttering. Shrill, sudden piercing screams, sleeping or waking. Great tearfulness, cannot help crying. Cannot bear to be left alone. Very irritable and fidgety about this or that. Very jealous. Vertigo on closing the eyes or when the sight is obscured. Premonition of death, thinks it is about to transpire.

Head.—The general character of pains in the head, aside from the stinging, thrusting pains, are an aching-like congestion, pressing or dull heavy headache. (See also mental symptoms). Apoplexia, hydrocephalus and other disorders of the brain. Bending back and boring the head into the pillow; inability to hold it erect. Scalp very sensitive; copious sweat on the head, scalp, forehead. Confusion of the head with vertigo, worse while sitting, and worse still on lying down and closing the eyes. Throbbing in the head. Brain feels very tired. The pains in the head are often relieved by pressure.

* From advance sheets of *Materia Medica* by the late Henry N. Guernsey, M.D., Edited by Joseph C. Guernsey, M.D.

Eyes.—Swelling about the eyes; much inflamed; sometimes entirely closed; very sensitive to the light; obscuration of sight often from opacity of the cornea; can't read by artificial lights from pain in the eyes; boring, burning, stinging, itching, and shooting in the eyes, or aching extending into the forehead; squinting of one or both eyes; upper lids swell and hang like little sacks over the eyes; very much lachrymation, which feels hot and scalding; eyes are weak and cannot bear much use; chemosis; fistula lachrymalis; sleeps with the eyes wide open; paralysis of right side of the face with right eye closed; chronic inflammation of the conjunctiva which has become thickened; eyelids everted, red and smarting; œdematous and bag-like under the lower lids; granulated, even on the edges; agglutination of at night; styes with stinging pains; smoky darkness before the eyes.

Ears.—Redness and swelling of both; otitis after scarlatina; hardness of hearing.

Nose.—Much swollen and œdematous; chronic catarrh with crusty nostrils; polypus.

Face.—Red and hot, swollen so as to be unrecognizable, with piercing and burning pain; pale and waxen face, sometimes swollen, with a puffiness about the eyelids; œdematous swelling of the face and puffed eyelids; erysipelas of the face, and scalp, often beginning on right side and spreading to the left, or extending down the neck on to the body; lips much swollen and often everted.

Mouth.—The whole margin of the tongue feels as if scalded and quite raw; red fiery appearance of the buccal cavity, very tender dry tongue; on the left of tip of tongue a row of vesicles sore and raw. Can't protrude the tongue, it trembles and catches on the teeth, and inability to talk; tongue hangs from the mouth; red, hot, burning, particularly at tip; dry brown streak down the middle, sides being moist; inflamed and fearfully swollen; cracked, sore, and ulcerated, or covered with vesicles; white, dry, or covered with white mucus; cancer of. Grinding of the teeth; sudden and involuntary biting them together; covered with yellow mucus or brown sordes. Gums sacculated and look watery. Viscid, tough, frothy saliva. Fetor of breath.

Throat.—Dryness in, without thirst; dry and burning; sensation of fulness, contraction and suffocation in, deglutition painful; stinging itching deep in; very sore, fiery red and shining; inability to swallow anything with swelling of the tongue; diphtheritic sore throat gets well as a scarlet rash

fever develops; diphtheria when the margins, and a little beyond the membrane, are fiery red and shining, this fiery margin moves on as the membrane increases; no thirst and scanty urine; troublesome tenacious mucus in the throat morning and evening; uvula long and dropsical; small, clear, watery blisters in the back part of the throat; tonsils and fauces highly inflamed and very red; hypertrophied tonsils when very red; stinging and darting in the throat; deep ulcers on tonsils and palate.

Stomach.—Burning heat in the stomach; soreness in the stomach and abdomen; thirst, absence of, insatiable, or for little and often; appetite, loss of, or voracious; bitter or acrid belching; rich in symptoms of nausea; retching, vomiting of food, mucus, even frothy, bile, and vomiting with diarrhœa; weak, faint sensation in stomach.

Abdomen.—Much pain, soreness and sometimes enlargement of the splenic region, sometimes the pain extends upwards; soreness of the bowels or abdominal walls, when touched or pressed; fulness and sensation as if the abdomen were bloated or distended; burning, stinging, or thrusting in; traumatic erysipelas of; rumbling and meteoritic distension of; much distended by fluids; ascites and anasarca; ileo-cæcal region very sensitive on pressure; hard swelling on the right groin, oblong, as large as a cucumber; long-standing inguinal hernia; peritonitis; cannot bear the lightest touch.

Stool and Anus.—Sensation of rawness in the anus, with diarrhœa. Passage of flatus before stool. Copious evacuations of blackish-brown, green or whitish, yellow, watery, mucous or pap-like stools, usually worse in the morning, sometimes occurring at every motion of the body, as if the anus were constantly open. Stools involuntary and painless, or painful and urging, olive-green, profuse, and full of red lumps, like chopped beets; bloody, painless; smell brassy or like carrion, very offensive. Hæmorrhage from the bowels, with burning pain, excoriation of the anus, and constant tenesmus. Anus feels raw. Dysentery painless. Hard and costive stools with stinging pains. Protruding varices, which sting, burn, and smart intolerably.

Urinary Organs.—Burning and soreness, agony, strangury, when urinating. Urine very scanty or profuse, usually the former; frequent emission. Pain in region of kidneys; soreness on pressure or when stooping. Frequent and sudden pain along the ureters. Bladder very painful, often tenesmus after urinating. Much difficulty in voiding urine; must wait a long

time before it flows, and then it flows slowly. Incontinence of urine from coughing and other circumstances. Burning and stitching pain in the urethra. Frequent desire day and night, passing but little at a time. Urine often bloody; milky appearance; very dark and frothy; very foetid; very albuminous, sometimes at least one-half; sediment reddish-brown; like coffee grounds.

Male Sexual Organs.—Chancre with stinging pains like bee stings and with a highly inflamed circumference. Dropsy of the scrotum and prepuce; hydrocele.

Female.—Threatened abortion in the early months, with heaviness of the abdomen, restlessness, and yawning, or with stinging pains in ovarian regions. Much pain in the right ovarian region during or before menstruation. Stinging pains in ovaries, like bee stings. Constant feeling of weight and heaviness in ovarian regions, and much tenderness in. The ovaries feel better to lie on right side. Pain in the right ovary, often with enlargement, with pain in the left pectoral region, with cough. Ovarian tumors with stinging pains like bee stings. Metritis, peritonitis, with stinging, thrusting pains. Labor like, bearing down pains, followed by dark, bloody mucus. Ulceration and engorgement of os uteri. Uterine dropsy. Menses too profuse or too scanty; metrorrhagia with red spots stinging like bee stings; irregular, lasting but a day or two, feeling very weak; copious, lumpy, with pain in the spleen; delayed or suppressed; a sensation as if they were coming on, but they don't come. Leucorrhœa acrid, profuse, green, or yellowish. Large and painful swelling of the labia, with heat and stinging pains. At the critical age, chronic diarrhœa of blood and mucus. Dropsy in the latter part of pregnancy attended with puerperal convulsions. Erysipelatous inflammation of the breasts. Swelling and hardness of the mammæ, threatening to ulcerate. Scirrhus or open cancer of the mammæ, with stinging, burning pains. Ovarian affections, with inverted nipples. The right ovary is most susceptible. Great sensitiveness to touch or lightest pressure a characteristic.

Respiratory Organs.—Considerable hoarseness. Irritation to cough felt deep down in back of the throat pit, and considerable coughing in the evening, and in the night preventing sleep; every shock from coughing gives pain in the head and some pain through the chest, as from the clavicle; relieved after loosening a small portion of mucus, or a large quantity of transparent, frothy, and bloody mucus is expectorated.

Great dyspnoea, as if every breath would be the last; wants to be fanned. Asthma, worse in cold weather; intense sensation of suffocation; throws the collar wide open, could bear nothing about the throat. Hurried and difficult respiration with fever and headache. Sensation of fulness, constriction, or suffocation in the throat, with difficult, anxious breathing. (Edema of glottis; of larynx; croup; chronic laryngitis.

Chest.—Sharp pains, stitches, and stings in the chest. Sensation of soreness, lame, bruised feeling in chest.

Heart and Pulse.—Sudden and acute pain just below the heart extending diagonally towards the right chest. Very feeble action of the heart; violent beats, shaking the whole body; intermittent beats. Region of heart sensitive to the least pressure; rasping sounds of systole and diastole unmistakably audible. Palpitation of heart from scanty secretion of urine, perfectly cured by establishing the natural quantity. Pulse almost imperceptible at wrist; very frequent and hard; wiry; irregular and slow pulse; intermittent.

Neck and Back.—Back feels lame and bruised; stitches and stings in. Stiff neck and back. Swelling of the glands of the neck. Cerebro-spinal meningitis.

Upper Extremities.—The arms, hands, or fingers, one, both, or all, swell, become very tender, and remain so for several days. Numbness of the hands, or fingers, especially at their tips; burning like fire.

One of the first remedies to give at very beginning or threatening of a felon.

Lower Extremities.—Sore feelings and pains in. Burning, itching, and stinging in the swelling of the legs and feet, often white, waxy, and transparent. Soles of the feet feel when walking as if cushioned. Sensation of burning in the feet and toes. Reddish and bluish streaks; hard and painful spots, making them painful to move. (Edematous swelling of lower extremities. Swelling of the knee. Numbness of the limb same side on which ovary is affected. Eczema. Foot-sweat checked by cold. Numbness and coldness of feet and in diphtheritic albuminuria.

Generalities.—Swelling or “puffing up” of the whole body. Complete anasarca, no thirst, pale, waxy, almost transparent. Twitching; trembling; jactitation of the muscles. Clonic and tonic spasms. Restless moving about. *Tired as if bruised all over.* General feeling of lassitude with trembling. Heavy and prostrate in fever. Faintness and fainting. Surface of

the body extremely sensitive to touch, even to the moving of a hair. Great prostration, rapid sinking, rapid pulse, and fever.

Skin.—Erysipelatous inflammation and swelling, white and hard in the centre. White wales on different parts, itching fearfully. Red and white blotches, with itching. Appearance as of the bites of insects, sore and painful. Burning, stinging, itching, and prickling over the whole body, and painful to touch. Most violent itching all over the body or in any single part. Erysipelas with gangrenous spots.

Sleep and Dreams.—Much yawning. Great inclination to sleep; anxious starting in. Dreams much, of making long journeys; of flying through the air; of hot stones; of walking over hot floors; of walking a long way over wet roads. Disagreeable, unhappy dreams. Sudden waking with shrill, piercing screams.

Fever.—Chill, with red face and red spots all over the body; chills from 3 to 5 P.M.; often with racking pain all through the head; chills worse in warmth; run down the back; hands and feet feel as if dead. No thirst with the fever; hoarse cough often attends the fever; as fever subsides great prostration comes on; heat with difficult breathing, as if every breath would be the last. Much burning of the skin on various parts of the body. Shuddering, then nettlerash. Sweat goes and comes alternately; breaks out and dries up continually. After perspiration nettlerash.

Worse.—At night, particularly latter part of night; in cold weather; in warm room; lying down.

Remedies following: Arsenicum, Pulsatilla.

Remedies inimical: Apis and Rhus tox.

A FEW OBSERVATIONS ON THE NATURE AND TREATMENT OF RACHITIS OR RICKETS.

BY A. E. SMALL, M.D., CHICAGO, ILL.

WHILE some obscurity may be apparent respecting the aetiology of rachitis, yet the disease never occurs except in association with some abnormal condition of the nutritive system. It does not appear to be true, as some authors have supposed, that rickets must necessarily be consequent on scrofulosis. We have from observation come to a widely different conclusion. Many children who have this disease are not scrofulous, and evidence of there having been a scrofulous diathesis in their ancestry is entirely wanting. What then is

the nature of the disorder? Is it the result of a defective or deranged nutrition? In summing up accredited facts, do we find anything on which to base a reliable conclusion concerning the primary cause of the disease?

The following facts are apparent: Rickets can only be clearly diagnosed between the first and second periods of dentition. When a case is clearly made out, then is the time to resort to remedies, for a neglect of the early stage may be followed by more or less organic derangement, especially of the bones, which may curve, twist, or assume other irregularities.

To better understand the nature of rickets, it is necessary to take cognizance of the symptoms and course of the disease. The active manifestations of the disease in nearly all cases follow a series of deteriorating symptoms, such as a slimy or watery diarrhœa, loss of appetite, perverted taste, craving for potatoes and black or hard-baked rye-bread, a distended abdomen, sickly complexion, and a lack of inclination for activity. Locomotion is apparently dreaded by reason of pain in the bones and joints. That these pains exist is made well evident by the cries which children utter when required to move about. This symptom is often ascribed to perverseness or naughtiness, and especially when they anticipate, on the approach of parents or nurses, compulsory efforts to make them walk. In the incipient stage of the disease there appears to be an intellectual precocity indicative of greater maturity of age than has been yet attained.

As the affection develops, the cries on account of painful motions, are followed by changes in the articular extremities of the bones, which are clearly observed on account of the thinness of the enveloping muscles, especially about the radius and ulna and the articulations of the ribs with the sternum. The bones of the lower extremities evince a tendency to bend or curve and to give rise to what is called bow-legs. The disease is always attended with emaciation. The articular extremities of the bones are often covered with "bunches," and seem enlarged even to deformity.

In the further course of the disease, changes which depend on the softness of the bones, may take place. The chicken-breast deformity arises when the ribs are pressed in and the sternum protrudes. In cases in which the child is not able to walk, but is obliged to remain stretched in a recumbent position, the bones are not flexed. The softened bone often has the appearance of being bent at an angle. We have seen rickety children crawling about on all fours much to the detri-

ment of the bones of the upper extremities, which bend a great deal more in consequence of this injudicious exercise. The vertebral column at times becomes greatly ill-shaped, as in kyphosis or hump-back. The form of the pelvis sometimes undergoes serious alterations. Another feature of the disease is the delay of the closing of the fontanelles sometimes for years.

There are many other symptoms which characterize rachitis. Those which I have pointed out are sufficient for calling attention to surgical and therapeutic treatment. It has become a commonly cherished idea that a normal shape can be secured by a resort to mechanical appliances, such as stays, jackets, and other modes of bringing pressure to bear on the chest or spine. When the deformity begins to show itself, by a hoop around the waist and supports under the arms, many expect to aid nature, or perhaps to do her work, in obviating deformities. But from observation it has been ascertained beyond a doubt that these restraints, braces, and props, with straps and fastenings, have proved injurious. We have seen many cures wrought without them, and, moreover, we have seen many aggravations as the result of using them. A vivid recollection of a case in illustration is that of a promising boy about five years of age, whose nutritive system seemed greatly impaired. He was sadly emaciated, with distended abdomen and watery diarrhoea, and when in this condition the premonitory signs of rickets became apparent, remedies were given in accordance with the symptoms, and hygienic influences were brought into requisition. Under this treatment, evidences of recuperation began to show themselves. When the claims of a specialist in spinal defects were urgently brought in to take the case, he immediately made a survey of the child's body, and applied stays and braces, which greatly interfered with the freedom of movement and the development of the patient's muscles. The result was kyphosis or hump-back as a permanent deformity. It is probable that this deformity might have been prevented by wise therapeutic measures and strict attention to diet.

Miss H. S., aged thirteen years, was a sufferer from rachitis when quite young, and, after a course of medical treatment in connection with braces and compresses, her parents took her to Europe, and placed her under the care of an expert in the treatment of rachitic deformities. For three years, she was the victim of restraint by reason of being obliged to wear shoulder-braces, stays, and other appliances to obviate derangement in the structure of the vertebral column.

At the end of this time, she returned from Europe emaciated

and broken down, and with deformities more conspicuous than when she left home, in spite of the elegantly fitted stays and shoulder-braces.

The writer was called in to advise in the case. He found the nutritive system very much impaired, and the respiratory movements had been greatly restricted in consequence of the apparatus she had worn for protection. We first directed our attention to the nutritive system. We prescribed dietetic measures, fresh air, and absolute release from the mechanical supports she had been wearing. Our resort then was to remedies. *Calcarea carb.* was prescribed, 6th dec. trit., two grains every twenty-four hours, in connection with exercise in the open air, and as generous non-medicinal diet as the patient could bear. In the course of five or six weeks it was evident to her parents that she had gained in health and strength, with some slight indications that her deformity was disappearing. The treatment was continued for another four weeks, when it was observed that the lateral curvature of the spine had disappeared. She was still rather emaciated, but evidently gaining flesh. The treatment was still continued for another four weeks, when all traces of the rickets disappeared, and the young lady was permitted to enter a female seminary.

This example of treatment is cited to show the value of hygienic therapeutic measures with freedom from straight-jackets, stays, braces, etc. Other examples could be cited to show this mistaken notion of forcing soft bones into normal shape is fraught with mischief. Of late we have treated all cases of rickets by giving strict attention to the nutritive system, and by the administration of appropriate remedies. And under the use of *Arsenicum* from the 3d to the 30th dec., and *Calcarea carb.* from the 6th to the 30th, we have uniformly arrived at satisfactory results.

We have, therefore, come to the conclusion that in early life deformities from the softness and bending of the bones can be obviated and cured by well-chosen remedies.

A CASE OF PRIMARY CANCER OF THE LIVER.

BY W. W. VAN BAUN, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia Medical Club.)

Miss X.—A large, fine-looking woman, sixty years of age, weighing 160 pounds, called at my office in July, 1885, complaining of a sore tongue, a dull pain in the region of the

liver occurring at irregular intervals, and lasting for some time, with slight tenderness on pressure, and an inability to take the usual amount of exercise. No other symptoms were present. Her previous health had been unusually good, with the exception of an attack of jaundice, lasting four months, which followed a fall, when twenty years of age. She had never been sick. All her family had lived to a ripe old age, none having a cancerous history.

On October 29th, 1885, I was called to attend the patient at her home. She reported that, since I had seen her in July, there had been a gradual loss of flesh, an increasing distaste for exertion, however slight, and an occasional return of the dull pain in the right hypochondrium. Three days previous to my visit, she had been seized with violent and continuous pain in the region of the liver, accompanied by nausea, and, later, by repeated attacks of severe retching, with vomiting of bile.

On the 28th of October, the day before my visit, jaundice set in. It increased rapidly, and by the sixth day, her fair skin had turned to a brownish-green. The intense discoloration of the surface of the body continued unabated until her death, some nine weeks later.

The jaundice was attended with an intense itching which greatly distracted the patient. The vomiting was controlled by the fifth day. The pain continued severe for two weeks, being felt at times in the epigastrium, the walls of the chest, the shoulders, the back, etc., showing an involvement of the hepatic plexus of nerves. The pain then gradually abated. It was never entirely relieved. The bowels were constipated, the stools being clay-colored. The urine was reduced to 20 ounces *per diem*, and even less. It contained bile pigment. There was occasional cough, and some dyspnoea. The pulse ranged from 70 to 80 beats per minute, being full and strong. The temperature was rarely above 99°. During the last two weeks of her life, it varied from a half to one and a half degrees below normal. *Inspection* showed the right hypochondrium to be distended. On palpation—laying the hand flat on the abdomen, with the fingers directed towards the left inguinal region, and suddenly depressing the finger-tips, and moving the hand upwards and towards the location of the liver—the outline of that organ was easily distinguished. It extended to $4\frac{1}{2}$ inches below the lower border of the ribs.

No nodulation was detectable. The enlargement of the liver encroached on the lower lobe of the right lung, sufficient to give rise to attacks of dyspnoea and coughing. All the

other organs appeared normal. The loss of weight was comparatively small, not more than fifteen pounds.

What was the diagnosis?

By exclusion, could be thrown out, all diseases of the liver excepting—impacted calculus and primary cancer.

The severe, agonizing pain seizing the patient suddenly and lasting for some time, together with the rapidly appearing jaundice, pointed to an impacted calculus; while the degree of enlargement of the liver and the freedom from previous attacks of biliary calculi was against such a decision.

On the other hand, taking into consideration the age of the patient, the gradual failure of the strength for some months back, and the great enlargement of the liver, we had the indications of a malignant disease. Arrayed against this diagnosis, were the following facts: No hereditary taint; no nodulation; the non-existence of cancerous development in other organs, and the intense jaundice (Murchinson and Harley report the occurrence of jaundice in about one in seventeen cases). You see, then, why there was a doubt as to the diagnosis. The symptoms, although marked, were few. My friend, Dr. William C. Goodno, in consultation, carefully reviewed the case with me, and a (positive) diagnosis of primary cancer of the liver was decided upon.

The patient took to her bed on December 26th—sank rapidly—and died of exhaustion, four days later. The *post-mortem* examination revealed an enlargement of the liver to twice its natural size. A cancerous infiltration invaded every portion of the organ. The biliary ducts were all involved, the cystic duct being obliterated. The sudden occlusion of its lumen was the probable cause of the rapid development and persistence of the jaundice. The gall-bladder contained two large stones. The other organs were healthy. The treatment was symptomatic.

A CASE OF AMENORRHŒA OF TWELVE YEARS' STANDING CURED BY OPERATION.

BY I. G. SMEDLEY, M.D., PHILADELPHIA.

Mrs. E., æt. 33 years, was brought to me by her physician, April 22d, 1886. She presented the following history: She has been married fifteen years. Has had one child and no miscarriages. The time since her confinement is twelve years. Her labor was a long and hard one, the child being finally delivered by forceps. She was subsequently confined to her

bed for a number of weeks with what I supposed to be, from the symptoms she gave me, a peritonitis and a parametritis. Her menses had always been regular previous to her confinement, and had been attended with but slight pain; but she has seen nothing since the birth of her child. But since a few months after the confinement, she has had, occurring every four weeks, severe expulsive pains, resembling labor pains, and lasting from three to four days. These pains were so severe as to cause convulsions, and when I state there were no indications of a hysterical element in the case, it will readily be seen that these pains must have been quite intense. These attacks were so severe that nothing but morphia would relieve her, and they were becoming more aggravated every month. Following the seizures, she would have much soreness and tenderness, all through the abdomen, as in peritonitis, but especially in both iliac regions. After the subsidence of the attack and the disappearance of the tenderness, she could leave her bed and go about with comparative comfort, complaining only of a slight backache and bearing down in the left ovarian region when standing for any length of time.

Physical exploration revealed the perineum and vagina to be normal. There was considerable hardness and fulness in the region of the left broad ligament and posterior cul de sac, the remains of an old cellulitis. The intra-vaginal portion of the cervix was entirely absent. The external os was completely closed, and over its seat was a slight elevation about the size of a split pea, soft to the touch, and resembling very much that elevation we sometimes see over a healed sinus. The fundus could be felt distinctly by bimanual examination, and was slightly anteverted.

I advised an operation for opening the canal of the cervix, to which, both she and her husband readily consented, for, she said, she would do anything to obtain relief, as she felt that she could not endure her suffering many more months.

Accordingly, on the 25th of April, three days before the expected monthly period, assisted by her family physician, who administered the ether, and a nurse, whose chief qualification was fainting, to hold the speculum, I dissected and burrowed my way, aided by that most valuable instrument, Molesworth's new cervical dilator, until the uterine cavity was reached. The whole cervical canal was found to be completely obliterated. The uterus measured three and one-half inches.

After the operation she was put to bed, and hot applications to her abdomen, and hot-water vaginal douches ordered, with

Bryonia as a remedy, anticipating a recurrence of the old cellulitis, which I felt sure would follow.

I did not see her again, but the doctor wrote me that the cellulitis came on quite severely, lasting, however, only a few days.

The most interesting part was that the flow came on at the expected time, with but little pain, and lasted about a week.

A few days ago, while visiting a patient living near her home, I met the subject of this paper out driving. She stopped me to express her thanks for what I had done for her. She had passed through three menstrual periods, had suffered very little pain, the flow coming at the normal time. She was feeling quite well in every respect.

A REVIEW.

WHAT IS HOMŒOPATHY? A LECTURE. BY A. LIPPE, M.D., PHILA.
PRESS OF WM. F. FELL & CO., 1886.

BY AUG. KORNDORFFER, M.D., PHILADELPHIA.

It was not without some surprise, coupled with much regret, that we read what purports to be a lecture upon Homœopathy, delivered by Dr. A. Lippe before the Women's Homœopathic Association of Pennsylvania. The want of good will manifested in this lecture, though not unusual in emanations from the pen of Dr. L., was, nevertheless, extremely disappointing, in that, after several years of comparative quiet, he has again allowed that old spirit of dissension to mar the very beginning of a good work.

In the first place, we remark, that the title of his lecture is certainly misleading, for instead of the hour being devoted to a masterful exposition of the most beneficent of physical sciences, such discourse as we had good right to expect, the opportunity was misused and the time misspent in giving vent to ill feeling, and unfounded invective, at once irrelevant and unbecoming.

We deprecate, as deeply as does Dr. Lippe, the tendency on the part of some physicians to degenerate into mere routinists, nevertheless we protest that the sweeping assertions made by Dr. Lippe place a large majority of our profession in a false light before the community. What might be true if limited to an individual here and there in the profession, becomes positively false when given a general application.

The lecturer, however, taking advantage of the fact, that a

large majority of hearers, as well as readers, accept a lucid statement as a true one, has endeavored to make his statements sufficiently lucid, precise and direct to thoroughly deceive those not acquainted with the history of our school. The truth of the matter is, that, after years of waiting, the doctor has through this lecture, sought to wipe out some old scores which he held against the Hahnemann College and Hospital, as well as against the Hahnemann Club, and their journal the **HAHNEMANNIAN MONTHLY**.

Against the College, because he was foiled in an attempt to have the chair of Pathology removed from the Homœopathic College of Penna., declaring that pathology should not be taught therein.

Such attempt, made in 1866, led to a severance in the faculty, which in turn resulted in the establishment of the Hahnemann Medical College of Philadelphia. Two years after the founding of the Hahnemann Medical College, the Homœopathic Medical College of Pennsylvania was merged into it, which fact incensed Dr. Lippe beyond measure. Against the Hahnemann Club, Dr. Lippe's animosity is based on personal grounds, as well as on account of the fact, that no less than ten of its fifteen members have been connected with the faculty of the College, six having held professorial chairs. With this introduction by way of showing the animus underlying the strictures found in the lecture, we will begin our criticism of the subject in print.

On page 1 (printed no. 3) we find the assertion that "at this time there is a necessity for a clear definition of Homœopathy; its principles; etc." Now the real fact is that there exists, to-day, less urgent need for such definition than at any time during the past half century, for at no time in the history of homœopathy has the law received more favorable recognition from intelligent thinkers than at the present. This is true to such a degree that we find prominent teachers in the allopathic school who give it equal position with the principle "contraria," their guiding rule in practice. Nevertheless a clear and truthful exposition of the law and its sphere of action should ever be welcome, and will prove profitable at all times. Bigotry and animadversions should, however, be scrupulously avoided in every effort to expound the truth, for by leading the mind into other and foreign channels they seriously detract from even a learned exposition.

In the next place it may be remarked that when the lecturer classifies the formulated words expressive of the law of cure

with such merely emblematic matters as "E Pluribus Unum," he places them upon a much lower plane than many of us would willingly see them occupy, for while the motto E Pluribus Unum expresses one of the principles of our governmental autonomy, it does not convey even a remote idea of the character of the laws by which we as a people are governed. In fact, the phrase applies equally to United Germany of to-day with its monarchical form of government.

Similia similibus curentur (Hahnemann wrote "curentur") has come to signify much more. It really points to that great natural law underlying all curative treatment of man's physical and mental maladies. It is the human effort to set in words a sublime idea emanating from the Creator of all law. It signifies *law*; not merely a ruling principle.

The historical portion, as well as extracts from the Organon on pages 4 to 7 inclusive, may be passed without comment, but on page 8 we find a somewhat ridiculous expression relative to "not healing the disease in the abstract but the patient;" such antiquated notions of disease as would suggest curative treatment without considering the individuality of the patient do not in these days find place in the minds of educated physicians of any school—for since the time of Hahnemann even the old school has learned to recognize the correctness of Hahnemann's teaching relative to the individuality of each case of disease. Much of the seeming difference in reference to this principle is more a matter of logomachy than ought else; maintained, more for the purpose of opposition than for the promulgation or elucidation of truth.

One point on which Dr. Lippe fails to clearly define his position is his opposition to the study and utilization of pathology and pathological anatomy, as factors in the diagnosis not only of the disease, but of the remedy also. The majority of our school hold that such knowledge of pathology is essential to the perfect practice of medicine. Dr. Lippe seems to hold such knowledge as non-essential.

The statements and charges made by the lecturer on page 12 from 7th line down, also page 13, lines 3 to 6 from top, are simply absurd, for, while it may be possible that some one or even a few may have made such mal-assertions, it is an absurdly false charge when applied to members of our school as a class. His assertions have as little foundation in fact as would a charge that the law-abiding citizens of a community were responsible for riot and bloodshed, when such befell a city or state.

Relative to the historical statements found on page 13, ¶ 2, containing a short account of Hahnemann's crowning discovery, *i.e.*, that drug action is increased by systematic dilution with succession (potentiation of drug power), without which homeopathy could scarcely have proved even a reasonable success, it may be sufficient to say that a very large majority of our school prove by their practice that they do accept as a demonstrated and fundamental principle the fact that potentiation does improve the curative action of drugs. Actual experience has proved to the satisfaction of this very large majority that the potentized drug is preferable in the treatment of disease; experience has, however, also convinced them that the extreme dilutions which in times past have been so violently advocated by Dr. Lippe, are not only non-essential to success, but in reality often form an obstacle to a speedy cure. With this remark we may pass over the arguments found on pages 14, 15 and 16 relative to the question of dosage.

The tirade of abuse found upon pages 18, etc., though not unusual from Dr. Lippe is nevertheless both unwarranted and uncalled-for as well as unbecoming the occasion.

In regard to the assertion that the Hahnemann Club is composed of "pretenders," let it be remembered that they in 1875, with the aid of their lay friends, established the Children's Homœopathic Hospital now located at 914 N. Broad Street. Has Dr. Lippe ever striven to do as much for the school, or, for that name which he professes to, but which we do, revere?

In answer to his assertion that we are less successful than he in our treatment of disease, let us look at the results attained in the treatment of over five hundred cases received into the wards of our hospital during the past ten years. We find that although many of these little ones came from the poorest and often the most diseased parentage, nevertheless our death rate has been but four per centum. Certainly a result satisfactory to the most exacting.

The effort to vilify the college, in his charge that very little homœopathy has ever been taught therein, is worthy of most severe censure, for, among those who have taught distinctively homœopathic branches may be mentioned Hering, Guernsey, and Farrington,* all of whom were pure and consistent

* To this list we may add the names of Raue, Korndoerfer, and the redoubtable Dr. Lippe himself. Does he judge these other men's teachings by his own?—Ed. H. M.

homœopaths—zealous and self-sacrificing workers in the cause of homœopathy. His comparison of the college with a disreputable institution and his suggestion of the need for the invocation of the law for the correction of abuses, is so wilfully a misrepresentation that nought but the venom of personal hatred could have prompted the thought.

In answer to his charge that the HAHNEMANNIAN MONTHLY publishes no papers relative to homœopathy, it will be sufficient to refer to the fact that within the past few months a paper from the pen of Dr. Lippe himself appeared in our pages, as well as stenographic reports of lectures upon homœopathic materia medica, delivered by Dr. E. A. Farrington, also papers from well-known homœopathic writers as Lilienthal, Morgan, Cowperthwait and others. Passing over the remainder of this tirade we come finally to his specific remarks to nurses, for whom it was supposed this lecture was especially prepared, and we find his instructions comprised within the limits of eight lines. The passage reads as follows: "It is the nurse's duty to carry out the orders of the medical man in charge of the sick," thus far we will all agree with him, but he continues, "and if, as will not unlikely be the case, a pretender is smuggled into this hospital, and if he develops his deviations from the strict homœopathic practice, and if the nurse detects him in this trick, it is her duty to communicate her suspicions to the proper supervisors of the hospital, who will look into the case, and who will no doubt properly dispose of it." The few lines are employed not for the purpose of instructing the nurse in her duties, but to impose upon her the unusual role of spy and informant, as well as to constitute her the judge of the correctness of the medical treatment, employed by educated physicians. The idea is so preposterous that we leave it without further comment to the judgment of the reader.

Following this on pages 21, 22, and 23 we notice nineteen paragraphs by way of comparison between homœopaths and non-homœopaths. The structure of these is such as to carry no convincing weight save in an audience unacquainted with the true nature of the points involved. In every essential point, homœopaths agree with him in his exalted opinion of Hahnemann, his observations and discoveries, and as much of what he says relative to non-homœopaths does not apply to members of our school, we shall not comment thereupon.

Again, neither time nor space allows of an extended review

of each point referred to, therefore we will notice but one which unwittingly casts discredit upon many of our noblest workers, who, during the past half-century, so successfully vindicated the claims of homœopathy to the confidence of the people. On page 22, line 22 from the top, we find objection made to the alternation of remedies, those thus using remedies being termed non-homœopathists. We would ask Dr. Lippe to bear in mind the fact, that very many of our most esteemed homœopaths, among whom may be mentioned Jeanes, Williamson, James, Neidhard, Koch, and many others, not only advocated such alternation but employed it with marked success during many years of active practice. Their judgment, based upon the results of their experience in the alternation of remedies, confirmed in them views with which Dr. L. will not agree. Dare he impugn their motives or doubt the honesty and accuracy of their observations?

If educated physicians were to be hampered by such restrictions and impediments to investigation and experiment as the lecturer would enforce, they would of necessity be prevented from exercising personal judgment, even though it were based upon extensive and ripe experience, whenever such judgment ran counter to, or at variance with, the views of such self-constituted authorities.

Their *notions* must be received as the only correct views, their interpretations the only true ones, their dictum, law. What they cannot comprehend either exists not, or if existing is error.

In conclusion let the doctor but study the true meaning and fulness of thought expressed in that beautiful motto, "*In certis unitas, in dubiis libertas, in omnibus charitas,*" with which he closes his lecture, and then mayhap his mind will receive such illumination as will enable him to free himself from the thralldom of passion, thus enabling him to see himself as others have long since seen him. Such introspection must needs result in giving us one, who, in that which is confirmed, would endeavor to establish unity of acceptance and faith, in that which is still unconfirmed, accord that liberty of thought and action which must inevitably develop the truth, and in all things look with charitable eye upon the work of his fellows, freely according to them the same righteous motives which he fain would have others attribute to him.

THE CHOLERA EPIDEMIC IN VIENNA, IN 1849.

BY C. NEIDHARD, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

MY principal experience of the Asiatic cholera was during my residence in Vienna, 1849, and my attendance at the Homœopathic hospital there.

The first day I went there, there were about twenty-one cases, fourteen women and seven men. Subsequently, the number constantly augmented with the increase of the disease in the city. The patients were mostly of the very poorest class, and had only asked to be admitted to the hospital when the disease was at its height. Notwithstanding these unfavorable circumstances, when the least chance of any treatment was given, they soon improved after the homœopathic remedies. The symptoms were the same as observed everywhere else: Spasms of the stomach and bowels, frequent rice-colored diarrhœa and vomiting, cold, dry tongue, and coldness of the whole surface of the body; in some cases, painless diarrhœa, pressure in the stomach, and great thirst; one patient drank four quarts of water during the night. In the worst cases, when typhoid symptoms made their appearance, the tongue was yellowish coated and dry, no voiding of urine; as soon as the urine returns the patient improves. The more the diarrhœa prevailed, the less dangerous was the disease. A favorable symptom was also a kind of measles-like eruption; as soon as this broke out the patient improved. The most hopeless cases were those which had neither vomiting nor purging. Being often sent to the hospital in the afternoon, the patients sometimes died before Dr. Fleishman was able to see them. In his absence Dr. F. left free directions to the Sisters of Charity how to treat them. This treatment in the beginning generally consisted in the external and internal use of Camphor. Some homœopathic physicians in Vienna have also been very successful by mixing the Camphor with a solution of burnt rye. In all cases, the patients received rice water for a drink, and cold applications to the abdomen. *Veratrum alb.* was the most common remedy in all cases, particularly when vomiting and purging were about equal; *Arsenic*, when sinking of the vital power with diarrhœa predominated. *Phosphor.* was given in cases verging on the typhoid state. The remedies were generally exhibited in the lower dilutions and often repeated.

One day, I saw a little boy brought to the hospital apparently in a state of collapse. In fact, he appeared to be almost

dead. I asked Dr. Fleishman what he would do in such a case. He said, "You will see."

He was first placed under a cold douche bath in an adjoining room and then wrapped in blankets to perspire. At the same time *Veratrum alb.*, five drops every 10-15 minutes, was administered to him until reaction took place. Next day I found him sitting up in bed almost well.

With *Jatropha curcas*, as the epidemic had just commenced, he found no opportunity of making experiments, but in the epidemic of 1836 he experienced no beneficial effects from it. A great many other remedies were tried by the Vienna physicians, but the success with them was not so striking as with the three above mentioned—namely: *Veratrum*, *Phosphor.* and *Arsenicum*, and in consequence they confined themselves almost exclusively to them.

DIPHTHERITIC NOMENCLATURE.

BY EDWIN VAN DEUSEN, M.D., TIOGA, PHILADELPHIA.

(Read before the Philadelphia Medical Club.)

MEDICAL terms receive the sanction of the profession when their etymological signification corresponds, with more or less accuracy, to the conditions to which they are applied. When that condition is not yet well-defined in the minds of the profession, there are frequently many terms applied, each of which is an indication of an individual or, at most, of a class interpretation of the condition. As the condition becomes better understood, the term nearest in etymological significance to the most general interpretation of the condition, is the one adopted. This is not so in medical nomenclature alone, but in the general construction of all language; but in popular language the plan is not so rigidly adhered to as in medical.

Popular words sometimes retain their form, but change so much in meaning that their etymology is only an indication of what was once their use, not of what they have become. When there is a change in meaning or interpretation of a medical term, a new word is found with an etymological significance corresponding to the altered interpretation. This is probably to be accounted for by the fact that while in popular language words are frequently originated by writers, they are adopted or rejected by the speaking public, and in the case of the medical term, it is to the literature of the profession that we must look for both the origin and adoption or rejection of the term.

Just now the profession is in an unsettled state of mind in regard to the use of the word diphtheria, and its derivatives, and in regard to the use of names for the disease now commonly called diphtheria and diseases which are symptomatologically allied. There is no doubt that the name diphtheria has an established place in medical nomenclature which it is fully competent to retain. Croup, too, seemed at one time to have gained such a foothold among us that its rejection was not thought of. From these have come many names, among which are diphtheritic croup, membranous croup, croupous laryngitis, pseudo-membranous laryngitis, diphtheritic laryngitis, diphtheritic sore-throat, laryngeal diphtheria, membranous pharyngitis, herpetic tonsillitis, herpetic sore-throat, etc.

While these terms are not used as synonymous by any one writer, they are used in the literature of the profession in such a confused and confusing way that it frequently becomes necessary to read several pages before discovering the meaning of the term which appears perhaps at the head of an article, and which is certainly the subject under consideration.

The confusion exists in the use of the term more than in the conception of the diseased state to which it is desired to give expression. The general nature of the disease called diphtheria is almost universally recognized, and the recognition of the local character of a laryngitis or of a pharyngitis is perhaps not less universal. This is a good starting-point for the naming of diseases whose principal manifestations are found in the throat.

Diphtheria is the recognized name for a general disease, and whenever that general disease appears it should be called by its proper name. There is no objection to prefixing adjectives to indicate the point of greatest force of the disease, as laryngeal diphtheria, pharyngeal diphtheria, faucial diphtheria, nasal or post-nasal diphtheria, etc., but there is the gravest objection to the transforming of the name of the disease into an adjective and prefixing it to the name of a diseased condition of the location upon which the disease exerts its greatest force, as diphtheritic laryngitis, diphtheritic pharyngitis, diphtheritic tonsillitis, diphtheritic sore-throat, etc. There is no more excuse for the use of such terms under such circumstances than for the use of the term "typhoid enteritis" in a case of typhoid fever with marked abdominal symptoms. Moreover, in cases of true laryngitis with membranous deposit, the use of the adjective "diphtheritic" is objectionable, because it introduces a suggestion of the general disease and encourages

the use of the term in cases the diagnosis of which is doubtful and even in cases of unmistakable diphtheria. It is just this kind of vagueness and confusion which hides the truth long after it should be evident to all. There are other terms which can be used to express the membranous character of the deposit and which admit of no misunderstanding, and these should in every case be employed.

The word croup is objectionable because its etymological significance refers it to a symptom common to a number of affections, and because its place as a name for a disease is better filled.

If these objections are valid the nomenclature of diseases with membranous or pseudo-membranous manifestations in the throat and posterior nares can be very much simplified, and consequently relieved of much of the confusion which now exists; in fact, the only confusion remaining would be due to the difference of opinions as to the identity or non-identity of diphtheria and other diseases occasioning a membranous formation in the larynx and pharynx.

The names, herpetic tonsillitis and herpetic sore-throat, are mentioned only on account of the use of these terms interchangeably with the name diphtheritic sore-throat, a practice not uncommon among physicians in this city.

Vagueness in medical discussions or conversations is to be very severely condemned. An honest exposition of ignorance is far more productive of good results than an attempt to substitute vague terms for knowledge and call it understanding.

Miscellaneous Contributions.

INTERNATIONAL HOMŒOPATHIC CONVENTION, 1886, BALE, SWITZERLAND.

PRELIMINARY MEETING.

On Monday, August 2d, 1886, at the Schweitzerhof Hotel, between twenty and thirty members met for the preliminary meeting, at which the election of officers was held, Dr. Hughes, President of the last Convention, occupying the Chair. By an almost unanimous vote Dr. Meyerhoffer, of Nice, was elected President, and Dr. Roth, of London, was elected Vice-President. Before vacating the Chair, Dr. Hughes proposed that an Assistant Secretary should be elected to aid the Permanent Secretary, and to undertake the duties of Treasurer, in the unavoidable absence of Dr. Dudgeon. It was proposed by Dr. Léon Simon, *fils*, seconded by Dr. Runnels, and carried, that Dr. John H. Clarke should be elected to this office.

Dr. Hughes then vacated the Chair, and handed the President's hammer,

first wielded by Dr. Carroll Dunham in Philadelphia in 1876, to Dr. Meyerhoffer, who took the President's Chair amid loud cheers.

The President then called on Dr. Hughes to explain why the Congress had been summoned to meet at Bâle instead of at Brussels, as decided upon at the Congress of 1881. The reasons have been already explained in this journal, but Dr. Hughes's remarks may be briefly recapitulated. He said that, in accordance with the resolution of the London Congress in 1881, Brussels was chosen subject to the approval of the homœopathic practitioners in that city. These having been communicated with, Dr. Martiny replied, in their name, accepting the duties of hosts "*avec impressionnement*." Everything went on under this understanding until, at the eleventh hour, Dr. Martiny and his committee issued their now famous circular stating that the Convention could not be held at Brussels, since the response to their invitation and request for papers had been so meagre, and proposing that it should be held in Paris in 1889. Dr. Hughes, as Permanent Secretary, immediately took action to carry out the resolution of 1881, and to prevent the quinquennial order of the Congresses being broken. He conferred with his colleagues, and wrote to Dr. Martiny, pointing out that he and his committee had acted *ultra vires*, and offering to undertake all the responsibilities of the Congress if the Belgians would agree to its being held in Brussels. But this, for some inscrutable reasons, they refused to agree to. No other course, therefore, was open to Dr. Hughes but to choose another meeting-place, and the choice fell on Bâle, Dr. Hughes, as Permanent Secretary appointed by the previous Congress, with a Committee of Assistance granted him by the British Homœopathic Society, undertaking all the duties of organizing the meeting. Dr. Roth then gave a *resumé* of this in French, for the benefit of those present who did not understand English. This office of interpreter Dr. Roth continued to discharge throughout the Convention.

Dr. Runnels, President of the American Institute of Homœopathy (which has just held its annual meeting at Saratoga for the present year) then moved that a hearty vote of thanks should be passed to Dr. Hughes for his persistence in carrying out the resolution of the last Congress, in spite of the very great difficulties arising out of the action of the Belgian Committee, and that his action be emphatically ratified by this meeting as having saved the quinquennial succession of these International Conventions from being irretrievably broken. The motion was seconded by Dr. Wilder, and in putting it to the meeting the President spoke warmly in its favor. The motion was carried unanimously, and Dr. Hughes expressed the satisfaction the vote gave.

The Rules of Procedure were then put and carried, as follows:

Rules of Procedure.

1. This Convention shall be constituted of medical men duly qualified to practice in their respective countries; and of pharmacists and other friends of homœopathy as Associate Members.

2. Its officers shall be a President, a Vice-President, and an Assistant Secretary,—the latter to give aid to the Permanent Secretary, and to discharge the functions of Treasurer.

3. The general meetings shall be held on Tuesday, August 3d, and on Wednesday, August 4th, from 9.30 A.M. to (if necessary) 1 P.M. On Thursday, August 5th, a similar meeting shall be held in the forenoon, and an additional one from 3 to 5 in the afternoon, the first business of the latter being the determination of the place of the next meeting, the election of the Permanent Secretary, and other matters relating to the Convention.

4. That sectional meetings, on Hygiene and on Pharmacy respectively, be held in the hall of the meeting on Tuesday and Wednesday afternoons, from 3 to 5 o'clock, each meeting to elect its own chairman.

5. That the official language of the Congress shall, owing to the preponderance of English-speaking members present, be English; but that any member shall be at liberty to speak in his own language provided he secure (preferably in the Chairman) an interpreter. The Chairman may also, if he sees well, convey the substance of anything said in English, in French or other language.

6. That the subject of the first day's general meeting shall be "General Considerations bearing on Homœopathy;" of the second day's, "Materia Medica;" of the third day's, "Therapeutics."

7. That no paper shall be read at the meetings; but the discussion shall be based on the *précis* in the hands of the members (who can also see any particular manuscript on application to the Permanent Secretary).

8. Before each discussion the President shall indicate the *précis* on which it is based, and give (or cause to be given) the substance of these in any other language which may seem required.

9. Speakers in the discussions shall be limited (except by special vote of the meeting) to ten minutes each; save that the opener of each discussion shall have fifteen minutes.

10. When the President shall see that the time available for any discussion is running short, he shall close the same by calling on the writers of the memoirs discussed (unless they have already spoken) to address the meeting in reply.

Dr. Runnels asked if these rules would apply to the sectional meetings, and it was ruled that this would not be the case.

The proceedings of the preliminary meeting then terminated.

The following is a list of the members present in the order of their signing the book:

1. O. S. Runnels, M.D., Indianapolis, U. S. A.
2. Theophilus Brukner, M.D., Bâle, Switzerland.
3. Richard Hughes, M.D., Brighton, England.
4. F. Meyerhoffer, M.D., Nice, France.
5. Alfred C. Pope, M.D., Tunbridge Wells, England.
6. Walter Wesselhoeft, M.D., Cambridge, U. S. A.
7. Robert T. Cooper, M.D., London, England.
8. Vincent Léon Simon, M.D., Paris, France.
9. Anathole Lambreght, *fils*, M.D., Antwerp, Belgium.
10. Louis de V. Wilder, M.D., New York, U. S. A.
11. R. B. Rush, M.D., Salem, Ohio, U. S. A.
12. M. Masses, M.D., Ravensburg, Wurtemberg.
13. Oscar Hansen, M.D., Copenhagen, Denmark.
14. John H. Clarke, M.D., London, England.
15. J. Black Noble, M.B., London, England.
16. M. Roth, M.D., London, England.
17. Giuseppe Bonino, M.D., Turin, Italy.
18. J. Boniface Schmitz, M.D., Antwerp, Belgium.
19. Reuben Ludlam, junior, M.D., Chicago, U. S. A.
20. Charles Heerman de Hundersmack, M.D., Paris, France.
21. Eberard Focke, M.D., Freiburg, Baden.
22. Frederick Nield, M.D., Tunbridge Wells, England.
23. A. Midgley Cash, M.D., Torquay, England.
24. — Meschlin, M.D., Bâle, Switzerland.
25. Oscar Leseure, M.D., Detroit, Mich., U. S. A.
26. H. M. Hobart, M.D., Chicago, U. S. A.
27. Nathan Emmanuel Mossa, M.D., Hapsburg, Germany.
28. Robert Anken, M.D., Berne, Switzerland.
29. Ed. Syd. Fries, M.D., Zurich, Switzerland.
30. V. Z. Heerman, *fils*, M.D., Paris, France.
31. George Scriven, M.D., Dublin, Ireland.

32. A. Pfander, M.D., Thun, Switzerland.
33. S. Schäder, M.D., Berne, Switzerland.
34. W. Y. Cowl, M.D., New York City, U. S. A.
35. Baron Ferdinand von Heyer, M.D., Berne, Switzerland.
36. Emile Batault, M.D., Geneva, Switzerland.
37. Mdme. Batault, M.D., Geneva, Switzerland.
38. W. M. Foster, M.D., Kansas City, U. S. A.

Associate Members.

John M. Wyborn, F.C.S., London, England.
Wm. Vaughan Morgan, Major, London, England.

FIRST DAY.

TUESDAY, AUGUST 3D, 1886.

The President having opened the meeting, Dr. Clarke proposed the names of two gentlemen as Honorary Vice-Presidents. He said he felt that gentlemen would agree with him that it would be a graceful thing to follow the example of previous Congresses in this matter. At the first Congress in Philadelphia, Drs. Hering, Gray, Clotar Müller, and Hughes were chosen; and at the second Congress, in London, 1881, Drs. Meyerhoffer, Talbot, Breyfogle (President of the American Institute for the year) and Drysdale were elected. Dr. Clarke proposed that Dr. Schäder, of Berne (President of the Swiss Homœopathic Convention), and Dr. Runnels (President of the American Institute of Homœopathy for 1886), should be elected Honorary Vice-Presidents on the present occasion. These gentlemen were elected by acclamation.

The President then delivered his address. He said :

Gentlemen: It is a tradition that the President of the International Homœopathic Convention should address the meeting at the opening of the proceedings. This duty devolves on me at this Third Quinquennial Convention. I much regret that the honor of presiding over this meeting has not been bestowed upon one much worthier and more able for the office than myself. (No!) However, I trust to your forbearance, and the shortness of the time granted, for the unavoidable shortcomings inherent in my taking so unexpectedly the Chair. What I now wish to bring before you, gentlemen, on this occasion, is the "Present Aspect of Homœopathy." In reading last night, or, more correctly, early this morning, the *précis* of papers presented for discussion at this Convention, I was struck in its historical part by the underlying, not expressed, lament, notwithstanding that the authors endeavored to show the best side. The only very gratifying report comes from over the Atlantic. How is it that in Europe the only true principle and guide in medical therapeutics, the revelation and practical application of which we owe to Hahnemann's genius, and which has already rendered in its secular existence such immense services to suffering humanity, has not made more progress? Dudgeon, in his article "En Avant!" in the same paper, mentions several causes, but I mention one important one. It is, that we, Hahnemann's disciples, do not fully agree on the interpretation of the *similia similibus curentur*. The immediate followers of Hahnemann and those who still adhere to the literal interpretation of his teaching, devote their whole attention to the subjective symptoms and neglect more or less the pathological condition of the organs. The more modern conception of Hahnemann's principle requests not only an external and subjective similitude between the drug action and morbid condition, but it requires, as much as possible, a perfect similitude between the pathological condition and the pathogenetic condition of the medical agent. Hence frequently, a want of understanding, a want of unity of action among the members of our body which

must necessarily injure our good cause in the eyes of the public. Both these interpretations of Hahnemann's principles are true, but both also are very liable, if exclusively practiced, to lead to error. The purely symptomatic treatment, by neglecting the pathological condition of the organs, will often fail to exhibit the truly homœopathic remedy, whereas the physio-pathologist will not seldom commit the same fault by not taking into account valuable concomitant and contingent symptoms. There cannot be two homœopathic principles; there is only one. But these two interpretations of the application of the *similia*, must merge into one in order to be complete; i. e., the totality of the symptoms, objective and subjective, must be a guide to the selection of the remedy. There is unity in the disease, there must also be unity in the similitude of the therapeutic action. Consider, gentlemen, that we are the representatives of the only true scientific principle, the principle which crowns the whole system of medical science, that is the sure guide for the cure of disease. I know well that these things have often and much better been told. But it seems to me that they cannot often enough be brought forward. Let us not forget that "union is force," and that only by our unity we can promote the progress of our cause, and reduce in greater measure the common enemy of humanity—disease. How is this goal to be attained? First of all, by the homœopathic press, and I need not say how much we are indebted in this respect to Dr. R. Hughes. Secondly, to our individual and collective influence in the profession. I have now to apologize, gentlemen, for the informality and shortness of this address. Nobody knows better than Dr. Hughes how little prepared I was to assume the honor of the President's chair. (Loud cheers.)

On concluding his address the President quitted the chair, and the Vice-President, Dr. Roth, took his place.

Dr. Roth introduced the subject of the *Histories of Homœopathy*. He commented severely on the conduct of Dr. Lorbacher, editor of the *Allgemeine Homœopathische Zeitung*, in refusing to insert Dr. Hughes's circular and Dr. Dudgeon's letter in reference to a letter by Dr. Weber.

The following is the *précis* of the History of Homœopathy during the past five years in the

AUSTRIAN AND GERMAN EMPIRES.

By TH. KAFKA, M.D., Karslsbad.

I. On 23d April, 1882, Dr. George Schmid died. He was the author of several good medical works—e. g., *Cholera Poison*; *Has Homœopathy a Right to State Aid?* *My Medical Testament*. He left, by will, a sum of money for the purpose of endowing a chair of homœopathy in the University of Vienna; but the authorities have not yet done nor are they likely to do anything so sensible.

In 1884, Dr. Veith, Professor in the Veterinary College of Vienna, died at an advanced age. He was a zealous homœopath.

In 1885, Dr. David Seguin died. He was one of the most successful homœopathic physicians of Prague, and he left a sum of money for the purpose of establishing a Children's Hospital at Prague.

In 1885, Dr. Franz Weinke died. He was a zealous contributor to the *Oester. Zeitsch. des Ver. der Hom. Aerzte Oesterreichs*.

Dr. Würtsel and Dr. Gertsel (of Vienna), and Dr. Jacob Kafka (of Prague) celebrated the fiftieth year (jubilee) of their medical degree.

Professor Bakody, of Pesth, published a work called *Hahnemann Redivivus*, in which the scientific character of Hahnemann's doctrines was earnestly and successfully defended. He also published a reply to the attack on homœopathy of Professor Jürgensen, of Tübingen.

II. The violent attacks on homœopathy of Jürgensen, Liebreich, and

Koeppé were well answered by Sorge (of Berlin), Mayntier (of Zell), and Heinigke (of Leipzig).

Homœopathy has made great progress among the public of Germany. There is hardly a town in Germany where the allopathic druggists do not also keep a stock of homœopathic medicines.

Funds have been collected in Berlin and Leipzig for the establishment of homœopathic hospitals, and it is hoped that they will soon be erected.

In 1884, the Berlin Homœopathic Society began the publication of a periodical, which is now regularly published and well supported by the chief homœopathic physicians.

The *Pionier* is a society established by Dr. Oidtman for spreading a knowledge of homœopathy among the people. It publishes a monthly periodical with the title of *Der Pionier*, edited by Dr. von Eye, a very useful organ for the propagation of homœopathy.

The chief original works that have appeared during this period are, besides the polemical ones mentioned above, the *Experiences of an Old Physician*, by Dr. Groos, and the *Origin of and Opposition to Homœopathy*, by the late Dr. Ameke.

Burnett's work on *Cataract*, translated by Goullon, and Johnson's *Domestic Physician*, translated by Katz, are the principal translated works that have been published.

The Central Verein and the Berlin Homœopathic Society are in full maturity.

In Munich, the Homœopathic Hospital was closed after the death of Dr. Buchner, but thanks to the assistance of Prince Dettingen-Wallerstein, it has again been opened; it is under the direction of Drs. Quaglio and Koeck. There is also in Munich a society for aiding poor medical students who are anxious to study homœopathy.

A similar foundation exists in connection with the Central Verein for assisting students and practitioners to study homœopathy in Buda-Pesth under Professor Bakody. They bind themselves in return to settle to practice in some German town.

In Berlin, there is an examining-board for practitioners who wish to dispense their own medicines in Prussia. Dr. Fischer, of Berlin, is the examiner in homœopathy of this board.

Death has removed a very well-known German homœopath, to wit, Dr. Bähr, physician to the late King of Hanover, the author of the well-known prize essay on *Digitalis*; Dr. Rückert, of Herrnhut, one of Hahnemann's original disciples, author of many homœopathic works, the best known of which is his *Klinische Erfahrungen*; Dr. Borchers, of Bremen; Dr. Ameke, of Berlin; Dr. Rentsch, of Wismar.

In Stuttgart, there is a society, the *Hahnemannia*, which assists poor students at the University of Tübingen. A deaconesses' hospital in Stuttgart has for many years been under the care of a homœopathic physician, Dr. Sick.

Dr. Rapp, who was forced to resign his professorship of Pathology and Medicine in the University of Tübingen on account of his homœopathic proclivities, now enjoys a large practice as a homœopathic physician, and for some years has filled the post of physician to the Queen of Wurtemberg.

After referring to the above, Dr. Roth called on Dr. Mattes to give a few extra particulars respecting homœopathy in Germany.

Dr. Roth then translated Dr. Mattes' remarks (which were made in German) into English. Dr. Mattes said that 10 per cent. of all medical men in North Germany are homœopathists. They are obliged to undergo a special examination to enable them to dispense their own medicines. Homœopathy is in favor with the government and the wealthy. Prince Bis-

mark has been under homœopathic treatment, but his doctor was so strict that he gave him up. There is an association started in Germany, of which Prince Salm Horst is president, for the propagation of a knowledge of homœopathy among the laity. Dr. Sick had done much for homœopathy, and Professor Dr. Schmitz at Wurtemberg. They have the inspection of homœopathic chemists. The beloved Queen Olga is a homœopathist, and Dr. Rapp is her body physician. She gives legacies every year to the Hahnemannia, a society which assists students who are in favor of homœopathy.

Dr. Heermann, of Paris, said, if it was allowed to add a word, there are some populations in Germany, as at Kiel, who offer houses and money to homœopathic practitioners to come and settle among them. There are some towns where the inhabitants have declared war against old-school practitioners.

BELGIUM.

By DR. LAMBREGHT, *M.D.*, Antwerp.

Belgium is reported as enjoying during the past four years a period of calm in respect of attacks on homœopathy and its practitioners, of which the earlier history of our system there, is so full. The only public events in connection with it are a discussion at the Academy of Medicine of a paper on the subject (1881), and (1886) an attempt to obtain wards in the Brussels hospitals where our practice can be carried out. The former turned on the question whether the paper (whose conclusions were, on the whole, hostile to Hahnemann) should be printed in the archives of the Academy, and the proposal was rejected by two votes only. The latter is yet pending, but has fair prospects of success.

In Belgium, as elsewhere in Europe, homœopathy continues to gain favor among the laity, but the number of its practitioners does not greatly increase. Dr. Lambrecht, indeed, estimates it at 70, while Dr. Martiny, in 1881, gave it as 50, but he seems to have no definite evidence such as a directory would afford. The Société Belge des Médecins Homœopathes, and its organ *L'Homœopathie Militante*, so valorously conducted by Dr. Gailliard, have ceased to exist; but the older society, the Cercle Homœopathique de Flandres, and the Association Centrale des Homœopathes, Belges, continue to flourish, as also does the *Revue Homœopathique Belge*, now—as before—under the able editorship of Dr. Martiny. He has lost a valuable collaborateur in Dr. H. Bernard, of Mons. It is noted with regret that several dispensaries have ceased to exist during the last few years; but those at Brussels, Antwerp, Ghent and other places continue in full operation.

Dr. Roth, after referring to the above, called on Dr. Boniface Schmitz to add a few remarks on Homœopathy in Belgium.

He said he wished to show the real causes of the failure to hold the Congress at Brussels. He made a confession that it was the fault of the Belgian leaders who were divided among themselves, and had done nothing for years to organize and unite their forces. He believed, however, that the Congress, if it had been held at Brussels, would have done nothing but good to homœopathy. He expressed his admiration of Dr. Hughes's determination to hold the Convention at any cost. He divided his further remarks into two parts, what homœopathists have in Belgium, and what they have not. They have general progress amongst laity and professional classes; among the upper classes it spreads largely, but there are great hindrances to its spreading among the poor.

There are three societies; Cercle Homœopathique de Flandres, Association Centrale des Homœopathes, Belges, Société de Médecine Homœopathique. The Central Society, of which Dr. Martiny is president, is only central as having its location in Brussels. The third-named has Dr. Gailliard for its president. Each Society has a journal of its own. In Belgium,

homœopathists have *not* the power to enter the hospitals. Dr. Martiny is endeavoring to obtain entrance to allopathic hospitals to have a ward placed under homœopathic management. Dr. Schmitz was of the opinion that great progress could be made if the three societies would unite. He sees no reason why this should not be, and would endeavor to bring it about.

BRITISH EMPIRE.

By JOHN H. CLARKE, M.D., London.

Dr. Clarke's history of homœopathy in the British Empire takes the form of a diary (or rather annuary), noting the leading events in each year connected with it. The establishment of the yearly Hahnemann Oration; the founding (thanks to the munificence of Mr. Henry Tate) of a homœopathic hospital in Liverpool; the extension of the work of the hospital in London; and the inception of a revised materia medica under the auspices of the National Societies of England and America—these are its encouraging features. On the other side, stand the suspension of activity on the part of the school for lack of students; the discontinuance of the *British Journal of Homœopathy*; and the diminution rather than increase in the list of names contained in the Directory. The sense of need of some further effort to make known the advantages of our method, and to dispel the ignorance and prejudice which obstruct its advance among the profession, has led to the formation of a "Homœopathic League," which may, it is hoped, do good work. Dr. Clarke notices some evidences of greater liberality towards homœopathic practitioners on the part of the men of the old school, and mentions Dr. Lauder Brunton's *Pharmacology* as another instance of wholesale, but unacknowledged, borrowing from homœopathic sources. A full obituary for each year is given, the death-roll including the names of Leadam, Bayes, Black, Hilbers, Madden, Chepmell, Holland, and Neville Wood.

The Australian Colonies are stated to show steady progress, and in Melbourne, Victoria, a handsome hospital has been built and opened. There has been no time to obtain direct reports from this quarter, but Canada and India will speak for themselves.

Dr. Roth remarked that great progress was being made in the Australian Colonies. Dr. Nichol sent a report from Canada, and there is a short report from Dr. Mahunga, of India.

At the request of the Chairman Dr. Hughes then read the following letter from Dr. Nichol in reference to the small-pox epidemic:

"Dear Dr.—I had your letter one hour ago, and behold the reply! I trust I am in time. I was too busy to keep figures, but out of a large number of cases I lost but one babe, unvaccinated, French Canadian, *of course*. I lost no unvaccinated adults, and my colleagues all had a like success. We had another large epidemic lasting from 1874 to 1881 (annual mortality 600 to 900!) and I was busy then, but I lost only one adult, unvaccinated, suffering from constitutional syphilis of a severe type. Few die under pure homœopathic treatment, but *it must be pure*. I pay close, very close, attention to the therapeutics, and never alternate, never allopathise. My colleagues are like-minded. The allopathic statistics are shrouded in Egyptian darkness.

"Yours, in great haste,

"THOMAS NICHOL, M.D., LL.D., B.C.L.

"140 Mansfield St., Montreal, July 20th, 1886."

Dr. Pope said: Mr. President and Gentlemen, in responding to the request to address the Convention on the position of homœopathy in England it is impossible to ignore the fact that among some of our senior physicians,

those who have during many long years borne the burden and heat of the fight in defending homeopathy from attack, who have done more than any for its development, show a tendency to take a somewhat pessimistic view of the situation, to be despondent as to the future of homeopathy in England. However natural this may be after so long a period of struggling, I do not think that it can be justified when the facts of our position are fairly regarded. I trace this despondent feeling to two causes. It is due, I think, to weariness in the first place. These gentlemen have, whenever a discussion or dispute has arisen, been called upon time after time to reply to the same objections. Over and over again have the same arguments been brought to bear upon them, the same facts adduced to controvert them. These arguments are not replied to, these facts not disputed, but the objections they refuted are nevertheless again and again repeated. This it must be confessed is weary work. The hope inspired by the consciousness of the validity of these arguments and the character of these facts has been deferred, and the old time result has followed, the heart has become sick and the mind weary. Disappointment at the continued ostracism of physicians practicing homeopathy has been enhanced by witnessing the professional advancement of men who, while denying the truth of homeopathy, are entirely indebted to the facts they have derived from the study of homeopathy for the position they have acquired. It is the triumph of dishonesty, and the ostracism of an open avowal of the truth, which have largely contributed to this weariness. Then, secondly, the very depth of conviction of the immense importance of homeopathy to the profession and to the sick has tended to develop this despondency when this is compared with the slow advance it has made in professional esteem. It is depressing to see and to hear of disease being protracted which the adoption of homeopathy would have shortened, of fatal results occurring, which we have every reason to believe that the adoption of homeopathy would have averted. While, however, there is much to dishearten, when we look at the position as a whole, there is, at the same time, a great deal to encourage. First of all, look at the position of the great body of the profession. Roughly, it may be divided into two classes—men who are especially anxious to make money, and those who are desirous above all things to acquire an influential position in it—and the latter are dependent for their claim of advancement upon the former. Now, as a source of wealth homeopathy is practically of no account: acute disease is so rapidly controlled through it, that as compared with the effects of traditional medicine, an attendance is of small value. Dr. Pope here referred to a case of simple tonsillitis within his knowledge, where the patient had been confined to bed for three weeks, and was in very feeble health for as much longer; adding that he ventured to say that so prolonged a case of simple tonsillitis was not within the experience of any homeopathic physician present. How great must be the difference between the pecuniary results of an attendance of six weeks and one of ten days, he left them to estimate. The advancement of the hospital physician is dependent on his consultations, and these are in the hands of the great practitioners, who are hungering and thirsting after fees; consequently they are tongue-tied, and their efforts to promote the development of therapeutics are secret. Hahnemann is ignored and homeopathy denied; albeit, the work done by them is derived entirely from homeopathy. Hence it is, that the conspiracy of silence has been successful in keeping homeopathy back. Hence it is, that the degree of progress is no greater than it is.

Nevertheless, there is much to encourage us to persevere in propagating a knowledge of homeopathy, and also its practical development. The number of avowed practitioners is, it is within my personal knowledge, on the increase. This increase during the last two or three years may indeed be said to be considerable. Further, the extension of the appreciation of the therapeutic principle contended for, is seen in the largely increasing number of

the secret adaptations of the results of homœopathic experience. In the last work, Dr. Lauder Brunton's, these amount to about 60 per cent. of all therapeutic hints given. In short, there has lived during this century no man, the influence of whose work on therapeutics has been so great as that of Hahnemann has been. Our opponents may sneer at homœopathy as much as they choose, they may ridicule the small dose which alone is necessary to carry out homœopathic practice, to their hearts' content, and they may declaim against homœopathy until their vocal cords snap with tension; but they cannot deny that, in therapeutics, the crowning point of medicine, homœopathy is now being more practiced throughout the profession than it ever was, they cannot deny that homœopathy is the *point d'appui* of therapeutic reform. This, gentlemen, is the work of Hahnemann and of his followers, and no one has done a larger share of this work in our day, or more important work in any day, than the President of the 1881 Convention and the Permanent Secretary of our body—Dr. Hughes. (Loud cheers.) Think for a moment of the time, now sixteen or seventeen years ago, when Dr. Ringer's *Handbook of Therapeutics* appeared, of our surprise when we found that some 16 or 20 per cent. of his therapeutic hints were derived from homœopathy; and now turn to Brunton's with its 60 or 70! Here, gentlemen, is progress, real, active, useful progress! Here is a preparation of the ground for the general adoption of homœopathy. What, then, do we need for its full cultivation? We need a purer desire on the part of the bulk of the profession to do the best they can for their patients, irrespectively of all financial results. We need a greater amount of knowledge of what homœopathy means, and of how it is to be practiced. The avenues for this purpose are two—the professional journals, which are hermetically sealed to us, and the higher class of literary periodicals. These are, in some instances, open; wherever they are so, we should, as Hahnemann did, avail ourselves of them to make known the truth of which we are the trustees. We have lately in England obtained an opportunity for doing some little work of this kind in a journal of considerable circulation—the *English Mechanic*—in which Dr. Clarke and myself have done what we could to hold up the standard of homœopathy. We need also increased care in practice, and this means increased study of the *materia medica*, increased care in individualization of our cases. There is no use in declaring aloud that homœopathy is true, if at the same time the practitioner, by neglecting the study of his *materia medica*, feels compelled in order to find relief to his patients to fall back on palliation. Care in prescribing is essential to success, and success in treatment is essential to the progress we desire. Very well, then, gentlemen, I maintain that we have no cause to despond. If we do but persevere in faithfully presenting homœopathy in the sick chamber, if we persevere in making it known through every available avenue, we must triumph. Homœopathy is true, and truth will not for ever be denied her rightful place. The time will come, must come, when homœopathy will be recognized as the basis of therapeutics throughout the profession. Be it ours to hasten this time!

FRANCE.

By DR. V. LÉON SIMON.

Dr. Léon Simon reports that the number of our adherents slowly increases. At Paris, it remains about the same, but in the South, there is a sensible increase, thanks mainly to Dr. Chargé. Dr. Jousset has made several proselytes in Brittany. There are about seventy homœopaths in Paris, and one hundred and thirty in the rest of France. Homœopathy is also not unknown in the French Colonies; there are practitioners of it in Algiers, Tunis, and Martinique. The number of students promises well for the future.

There are in France at least fifteen special homœopathic pharmacies; nine in Paris, two at Lyons, two at Bordeaux, one at Marseilles, and one at Nice. There are two societies, to one or other of which, most of the French practitioners belong—the Société Hahnemannienne and the Société Homœopathique de France. Both meet at Paris.

Dr. Léon Simon enumerates our colleagues who have passed away during the last five years, among them being Dr. David Roth, the Comte de Bouneval, and Dr. Espanet.

Homœopathy is taught by lectures, hospitals, clinics, dispensaries, and journals.

Lectures have made but little progress during the last five years. The hospitals show the most satisfactory results. There are two at Paris and one at Lyons, all prospering greatly. The Hôpital St. Jacques has had a new and handsome building erected for it, and contains sixty beds. Next in importance to the hospitals, is the Dispensaire Alix-Love. This institution has only been open five months, but is making rapid progress in its numerous branches of work.

The dispensaries are numerous and prospering. The three established journals still flourish. Two of our colleagues have joined the staff of the *Petite Revue du Midi* as scientific contributors, and have published several articles of great value to the cause.

Dr. Léon Simon notices the epidemic of typhoid fever in Paris in 1883, and the small mortality in our hospitals and among our private patients. Dr. Crétin's remarkable pamphlet, entitled, *Fèvre Typhoïde: Hypothèses et Contradictions Académiques*, is mentioned with high approval. He also reports fully on the epidemic of cholera in the south of France in 1884 and 1885, where our mortality was only 9.5 per cent. He also notes with satisfaction the growth of friendly relations between the old and the new schools, consultations being readily obtained in France. He appends a list of books published since 1881, in addition to those mentioned in his full report.

Dr. Heermann, of Paris, said he belonged to the school of Hering. Popularly among high and low, rich and poor, there is in France a desire to have homœopaths amongst them; and this shows a great independence of character in the French, because there was much to dissuade them from it.

Again, there are two societies in Paris, one following Hahnemann, and one in which the teacher speaks lightly of Hahnemann, and goes in for hypodermic injections and scorns individualization of remedies. These do great harm to homœopathy.

Summing up, he said there were a few accessions of young men, but not in proportion to the demand.

DENMARK.

By DR. OSCAR HANSEN.

Dr. Oscar Hansen, of Copenhagen, said that in 1821, homœopathy was first known in Denmark. In 1836, there were three practitioners. In 1853, the cholera epidemic visited Denmark, and the allopaths lost seventy per cent., whilst the homœopaths only lost eight to ten per cent. This had a very marked effect on the public. In 1855, the homœopaths obtained the right to dispense their own medicines. There is a popular homœopathic society; and since 1880 a medical homœopathic society. Several eminent surgeons and accoucheurs are favorable to homœopathy. In the press, a journal which once attacked homœopathy, in consequence of cholera experience in Marseilles, afterwards spoke in its favor.

ITALY.

Dr. Bonino, of Turin, said that in Italy, the resurrection of the nation marked the resurrection of homœopathy. Five years ago, the Homœopathic

Institute was founded, and by the help of Dr. Leoncini, of the Marine, had obtained a Government charter. Dr. Leoncini has also given 40,000 lira for the founding of the Homœopathic Hospital of Genoa. In the Institute, there are, besides medical men, chemists and veterinarians. There is also the Hahnemann Federation. There are fifty-five practitioners. There is one journal, *Revista Homœopathica*, published for thirty years; and there is also a journal of the Federative Society. There is no animosity between allopaths and homœopaths in Italy. Homœopathy is in favor with the poor as well as with the rich. Dr. Bonino hopes himself to have a hospital in Turin.

The reports from Russia, Switzerland, the United States of America, and Spain were then referred to, special attention being drawn to Dr. Bojanus's hint that homœopathic hospitals do best when there is no university.

RUSSIA.

By DR. BOJANUS, Petersburg.

Dr. Bojanus is unable to give any statistical data about the progress of homœopathy in Russia, not having received any notice to prepare a paper until too late for the Convention. He gives, however, a very detailed account of an attempt made by Dr. v. Dittman, of Petersburg, to show the superiority of the homœopathic treatment in diphtheria, which was at that time raging in Petersburg. Dr. Dittman first recommended *Mercurius cyanatus* (30th dilut.) as an infallible remedy and prophylactic against this terrible disease: and afterwards he entreated the Emperor to let him have a hospital, in which he could treat the cases of diphtheria entrusted to his care according to the homœopathic system, under the supervision of an allopathic committee of physicians.

This request was granted to Dr. Dittman and a hospital of forty beds entrusted to his care. But by the intrigues of the allopathic fraternity, he got but one patient to treat, a child with angina scarlatinosa gangrenosa, which died. No other patient was entrusted to his care. It may easily be imagined that after this complete failure Dr. Dittman was insulted and abused in the papers by the enemies of homœopathy, and the system of Hahnemann denounced as a fraud.

Dr. Bojanus therefore advises the German homœopaths not to establish a homœopathic hospital in a city where there is a university, but rather in a place like Görlitz, where there is a large population of working men.

Dr. Bojanus is convinced that as long as homœopathic hospitals or dispensaries are under the control and supervision of allopathic authorities, they can never flourish. Only where such institutions are entirely independent, as they are in North America, are they in a prosperous condition.

Finally, Dr. Bojanus states that in Moscow, two allopathic physicians have become converts to homœopathy, and in Petersburg two sons of Dr. Bojanus are now practicing homœopathy.

SPAIN.

By Dr. F. G. RUBIO, Malaga.

Dr. Rubio states that there are 53 homœopathic practitioners in Madrid, 41 in Barcelona, and 43 in other parts of Spain*—altogether 137. There are four homœopathic journals. The Hospital San José, at Madrid, continues to flourish; and the Medical School connected with it has between 40 and 50 students. There are dispensaries in vigorous operation at Madrid and Malaga, and in most cities where homœopathy has a representative.

* This list is probably imperfect, for it omits Bilbao, where there is certainly one homœopathist.—Eds. of the *Précis*.

SWITZERLAND.

By Dr. BRUCKNER, Basle.

During the last ten years (when Dr. Bruckner reported to the Convention of 1876) about ten homœopathic practitioners have passed away in various parts of Switzerland; but there are 23 now practicing the system. They meet annually for conference in one of the towns of the confederation.

UNITED STATES OF AMERICA.

By BUSHROD W. JAMES, M.D., Philadelphia.

Dr. James begins by giving the following statistics as to the present position of homœopathy in the United States:

Of *Practitioners*, there are about 10,000.

Of *Medical Colleges*, 13; with about 1,000 fresh matriculants and 400 graduates annually.

Of *Hospitals*, 51; with 4,000 beds.

Of *Insane Asylums*, 3.

Of *Dispensaries*, 48.

Of *Societies*, 143.

Of *Journals*, 22.

Of *Pharmacies*, 33.

Regarding the colleges, he notes a progressive elevation in the standard of medical education. The multiplication of capable specialists in our ranks is much aided by the special training provided in the New York Ophthalmic College and Hospital, which is authorized to confer the diploma of "*Oculi et Auris Chirurgus*" upon its students.

Our hospitals are receiving large aid, both from private donations and from State subventions. Among the latter may be mentioned the assignment to homœopathists of the Westborough Insane Asylum, with \$180,000 for its equipment. The State of Massachusetts, to which this grant is due, has also established the Newton General Hospital near Boston, and divided the medical and surgical staff equally between old-school and homœopathic physicians. A similar assignment has been made in the Cook County Hospital at Chicago. Providence, Washington, and Pittsburgh have corresponding liberality to record from the authorities of their respective States: and the Hahnemann Medical College and Hospital of Philadelphia, the oldest institution of its kind in the country, is about to take possession of a new and thoroughly equipped building.

To the National Societies extant at the last report is to be added a "*Southern Homœopathic Association*," which, it is hoped, will do much to promote unity and progress among the homœopathists of the Southern States.

Dr. James considers the great success of homœopathy in the United States due to the fact that it appeals directly to the people, with whom power resides; though he recognizes the greater freedom with which young societies are permeated by new ideas.

Dr. Runnels said in reference to the United States that the figures given by Dr. James were only rough. The old school is honeycombed by the practice of homœopathy. Aconite and belladonna in tumblerfuls of water, singly or in alternation, was quite a common occurrence. The "*omnibus prescription*" has passed on. How soon the clandestine recruits will come openly into the ranks, he could not say. At present, they continue to fight homœopathists. This is also manifested in the "*Code of Ethics*," in that the members of societies acknowledging that code, are forbidden to meet homœopathists. This rule has been strongly attacked. The battering-ram of public opinion is fast knocking the code to pieces. Two other colleges have been founded since the report of Dr. James, making fifteen in all.

Then there is State aid. School lands have been sold and universities founded with the money. In Boston, Michigan, and other places, homœopathy has come in for a share of this, having schools of homœopathy in universities so endowed. Homœopaths have gained recognition from the Government in the grant of \$15,000 to the establishment of a homœopathic hospital in Washington, and a further grant of \$5,000 may be expected to form a regular item in the budget. There are many other government donations to colleges. Appropriations are made annually for the Insane Hospital of Middletown, and the Massachusetts Legislature has given land, buildings, and money to the value of upwards of \$500,000 altogether to the Westborough Insane Asylum, which is in the hands of homœopaths. In Chicago the homœopaths have one-fourth of the whole hospital, which is one of the largest in the States. There has been a temporary loss of an insane hospital in Michigan through the alteration of one word in the title-deeds. In Ohio, a homœopathist has been appointed to the medical charge of the State prison. Homœopathists take great interest in hygiene. Every avenue of trade and science is feeling the effect of progress in homœopathy.

Summarizing, he said homœopathy had a fair measure of success, but it was not evenly successful all over. He was saddened by the report from this side, but he believed the reflex would come.

Dr. Meyerhoffer, having resumed the Chair, called on Dr. Clarke to open the discussion on Dr. Dudgeon's paper, of which the following is the *précis*:

ESSAYS.

"EN AVANT."

By R. E. DUDGEON, M.D., London, England.

The author asks: 1st, Why is homœopathy regarded with aversion by the medical profession?

In its early days, there was sufficient reason for this in the complete opposition of homœopathy to established and traditional methods of treatment and to all the current theories of disease and cure. The prejudices and interests of the profession were arrayed against it. It was also contrary to the interests of the apothecaries. By its greater success in the treatment of disease, by shortening the duration of the treatment, and by enabling patients to treat themselves for all the slighter ailments, it naturally diminished the funds derivable from practice. As the medical profession is overstocked and the great mass can barely keep themselves, any proposal to diminish the profits of treatment would meet with the most vigorous opposition. Homœopathists always assert that homœopathy cures diseases more quickly and with less outlay on the patient's part. But this, in place of being a recommendation, is just the reverse to the great mass of struggling practitioners. They welcome any new method that increases the work of the doctor, such as new and powerfully-acting medicines, electrical applications, hypodermic injections, etc.; but a system that diminishes the work of the doctor goes against their prejudices and material interests.

2d, What can we do to promote the general adoption of homœopathy?

At its first introduction, homœopathy spread rapidly among the intelligent classes, because it was zealously propagated among the public by popular literature, lectures, and meetings, and because it offered a mild system of medication which contrasted strongly with the violent and often painful methods of the old school. But gradually, the old school abandoned these rough methods, gave up bleeding and the painful and perturbing methods they had hitherto used, and homœopathists, seeing this, trusted that the old school would go a step further and adopt homœopathy. Therefore they left off appealing to the public and addressed themselves to the profession only.

The public, no longer directly appealed to, ceased to interest themselves in the new system, and the profession, no longer influenced by the patient world, ceased to furnish new converts to homœopathy, but took from homœopathy its medicines and methods, while they continued to misrepresent and deride the doctrine from which they derived their remedies. Homœopaths found that all their appeals to the old school remained unheeded. In order to influence the profession, we must do as the earlier pioneers of homœopathy did, and resume the propaganda of our system among the public, who will in their turn, force the old school to adopt the doctrine as well as the remedies of homœopathy, which they now only use empirically. The profession, on the whole, will gain by adopting homœopathy, as patients will then regain the confidence in medicine which they have in great measure lost, in consequence of the acknowledged uncertainty of treatment and the open boast of medical men that they are guided by no therapeutic principle. When the profession is agreed on the adoption of the only true and rational homœopathic rule, and the public know this, they will cease to dread the haphazard treatment of a doctor, and will lose their love for quack medicines, whose use will thus appear to them irrational.

Dr. Clarke said that there were few men who had done more than his friend Dr. Dudgeon to convince the medical profession of the truth of homœopathy. For forty years, he had directed all his efforts to this end, appealing to the profession in the most professional of ways, and he had now come to the conclusion that it was of no use. Practically, it had had no result worth speaking of. Hence, he had come to the conclusion, and others had come to the same, that it was time to make a change in our tactics, and appeal to the profession no longer but to the public. Dr. Clarke referred to the action that had arisen out of this decision as embodied in the HOMŒOPATHIC LEAGUE. He briefly alluded to the origin of the movement, and drew the attention of the Convention to the memorial presented to the Board of Management of the London Homœopathic Hospital by a deputation from the League on June 30th, mentioning that a number of copies of the *Homœopathic World* containing that memorial were in the hall, and any member was at liberty to take one. He was happy to inform the members that the venerable Lord Ebury had accepted the presidency of the League, and that a lay secretary had been appointed. The movement was intended to be essentially a lay one. In the early days of homœopathy in Great Britain, when the appeal was made to the laity, medical men joined our ranks in numbers. When that was stopped our numbers ceased to increase. Dr. Clarke then showed the work of the League, the character of the work done, and the tracts already issued. He said that the general public were exceedingly ignorant as to what homœopathy really was, and if they were enlightened the strength of allopathy would be gone. He gave instances, and among others his own case, in which the enlightenment of lay homœopaths had led to the conversion of medical men. He was delighted to find a similar lay society started in Germany, and hoped that they might soon join hands, and that the movement might be placed on an international basis.

Dr. B. Schmitz desired to render homage to Dr. Dudgeon for his efforts to bring before the public and the profession the pilferings of homœopathy by the allopaths. Dr. Schmitz desired that official notice should be taken of these as preserving priority of discovery to those to whom it belongs.

Dr. Léon Simon said: The question we treat of at present is one of the greatest importance and of the greatest difficulty. We must act with the greatest prudence in addressing the laity. On the one hand, we are open to the accusation of charlatanism, and I therefore recommend that where there is no absolute necessity, no name be appended to the articles or tracts, and, above all, that we never give our address. On the other hand, doctors deprived of their diplomas, or even legally qualified doctors, but really

charlatans, can borrow our quality, and publish under the name of electro-homœopathy, or of homœopathy with some epithet or other added, pamphlets which are neither homœopathic nor even scientific. This will put us under an undeserved discredit, which would prove very injurious to us.

Dr. Roth said that we tried to aim at what Dr. Simon referred to. No authors' names are to appear appended to the publications, and nothing unworthy will be produced. He had a number of the tracts for any member who desired to see them.

Dr. Heermann asked if the right of translation was reserved, and was answered in the negative.

Dr. Runnels said this was an important matter. Our missionary work had suffered from practitioners not having been able to do that as well as their practices. It was on a right footing in being in the hands of the laity. The speaker was warmly in favor of it, and thought that something here ought to be done to spread the movement abroad. He would do all he could to spread it in his country.

Dr. Heermann asked that this be voted on, and that the motion of Dr. Runnels be seconded. The thing is good. Let the Congress vote.

Dr. Wilder said one question occurred to him. How are additions made to homœopathy in Great Britain, if homœopaths have to go through the old school?

Dr. Hughes said, that as we have no colleges, we depend on converts or the sons of homœopaths. There is no hindrance to the practice of homœopathy, but all must pass through the same curriculum.

Dr. Clarke added a few remarks on what is incumbent on American graduates in order to enable them to practice in England; and stated that American graduates could *practice* in England without an English diploma, but they could not be in the British Register, and did not possess the same legal standing as those who were registered.

Dr. Meyerhoffer said it was different on the continent. No medical man, however high a degree he may have taken in his own country, can practice in another country unless he has gone through another examination in the country in which he intends to practice. The examination may be harder or it may be much easier than that he has already passed, but it cannot be avoided.

He then put to the Convention the following resolution:

"That this Convention heartily approves of the movement initiated by the HOMŒOPATHIC LEAGUE, and recommends that steps be taken to make it international."

Proposed by Dr. Runnels, seconded by Dr. Heermann.

This was carried unanimously.

The proceedings of the morning then terminated.

SOCIAL GATHERING.

On Tuesday evening at six o'clock, the members dined together in the large dining-hall of the hotel. The time passed most pleasantly, and after the dinner three official toasts were proposed: 1st, "The Swiss Confederation," by Dr. Meyerhoffer, responded to by Dr. Meschlin, of Bâle; 2d, "The Memory of Hahnemann," proposed by Dr. Wesselhoeft, and drunk, as always, in solemn silence; and 3d, "*Floreat Homœopathia*," proposed in a graceful speech by Dr. Léon Simon. Afterwards, "The Ladies" (whose presence greatly enlivened the proceedings) were toasted by Dr. Roth, in English, French, and German, and Dr. Heermann, *filis*, in a witty speech, answered for them, also in all three languages.

SECOND DAY.

WEDNESDAY, AUGUST 4TH.

The President said that the subject of the discussion for the day was one of the greatest possible importance. He hoped that gentlemen would take the liveliest part in the discussion. He called on Dr. Hughes to give his report.

Dr. Hughes said that, as one of the editors of the new materia medica, he appeared before them to give an account of the *Cyclopædia of Drug Pathogenesis*, and its claims to be considered the materia medica of the future. It had special claims, and was no individual venture of a single author or of a publishing firm. It was the joint work of two national societies. Its commercial success was already assured. The judgment of the Congress is asked on the first volume. The work purports to be a revision of the materia medica. It aims to be a pure record of pathogenetic effects. Formerly our materia medicas have been disfigured by the presence of clinical symptoms. The elimination of these is the first task. The next work is that of sifting. All recognize that provings are not all alike satisfactory. Dr. Allen admitted the unsatisfactory provings into his *Cyclopædia*, though in the Index, he ignored them. The authors have only given their sanction to what they have confidence in guaranteeing as perfectly satisfactory. Those less highly regarded are printed in smaller type, and this type has been used for those not regarded as authentic.

The next point is that of proving by dilutions. Without judging others, it has been deemed advisable to draw the line at the 6th centesimal dilution. This is merely a practical compromise.

Then has come the work of reconstruction. Hitherto it has been the practice to cut provings up into a schema. It was thought that the student ought to have the symptoms in their original relations. There are some provings only given in schema form, and these have been as far as possible reduced to harmony with the general tenor of the work.

Lastly, he said that all matter had been taken from its original source whenever possible. He invited the judgment of the Congress on this work, and emphasized the importance of the judgment, it would pronounce. He concluded by quoting the words of Dr. Runnels in his Presidential address at Saratoga—"The purity and reliability of our materia medica is a consummation to be desired by all; but we have hardly yet begun to realize the great work that is here being accomplished for our science. To have the pathogenesis of every drug well authenticated; to have it freed from all error; to have it present the real truth of drug-ability in every instance, is to plant the feet of every prescriber on the bed-rock of certainty; is to supply him with knowledge that will sustain him in the hours of extremity;"—and Dr. Hughes hoped that this meeting would give to Dr. Runnels's words its endorsement.

The President having translated Dr. Hughes's remarks in brief, called the attention of the meeting to the *résumé* of the papers given below, and then opened the discussion.

RÉSUMÉ.

A CRITICISM ON THE "CYCLOPÆDIA OF DRUG PATHOGENESY."

By DR. IMBERT-GOURBEYRE, Royat, France.

The author begins by pointing out that the name *φάρμακον* indicates that all drugs are first of all poisons, and hence the importance of knowing their poisonous action. The *Cyclopædia* gives us for the first time an opportunity of studying the physiology of drugs by presenting their effects in the order of their evolution. It is also very valuable as bringing together in an accessible form all available knowledge derived from the four sources of

(1) poisonings, (2) over-dosings, and (3, 4) experiments on men and animals. He is especially pleased with the classification of the arsenical poisonings. He seems to regard this work, however, rather as material for a future building than as an end in itself; though he does not indicate the manner in which he would have such building erected.

THE PRESENTATION OF THE MATERIA MEDICA.

By RICHARD HUGHES, L.R.C.P., Brighton, England.

The author observes that the presentation, in the *Cyclopædia of Drug Pathogenesis*, of the provings and poisonings with drugs in narrative detail, has excited much attention on the Continent, and that some critics seem to consider the schema as at least as good a form. He, on the other hand, believes the latter to be unnecessary, misleading, and pernicious.

The materia medica may be used homœopathically either *à priori* or *à posteriori*.

1. On the first plan it is studied beforehand, and for this purpose the author maintains the schema to be most prejudicial, as rendering pathogenesis uninteresting and unintelligible. It has thus operated injuriously (a) by robbing Hahnemann of his due credit as the father of experimental pharmacology; (b) by deterring many would-be inquirers from the study of homœopathy; and (c) by driving its practitioners to empirical use of remedies instead of fresh homœopathic selection.

2. When the materia medica is used by way of reference in presence of a case, the schematic arrangement is unnecessary for symptom-finding, as that is provided for by an index. On the other hand, it is misleading, as symptoms become falsely interpreted when divorced from their concomitants, and often assume (when isolated) a prominence not their due. The author combats the doctrine that symptoms are susceptible of indefinite variations in grouping, as maintained by Drs. Allen and Farrington.

He finally pleads for the detailed provings and poisonings as the fundamental materia medica of homœopathy, to be studied by every learner and referred to by every practitioner; all other arrangements of pathogenesis to be regarded as merely introductions and applications.

ON THE ADDITIONS TO THE "CYCLOPÆDIA OF DRUG PATHOGENESIS" REQUISITE TO MAKE IT OF FULL USE TO THE PRACTITIONER.

By J. DRYSDALE, M.D., Liverpool, England.

The author warmly approves of the work done by the *Cyclopædia* in sifting the matter of our pathogenesis, and presenting it in intelligible and connected form. To make it available for practice, however, there is needed an index to the symptoms, and a physiological and therapeutic commentary, with such general information about the drug as is given in ordinary works on materia medica. It is proposed to supply these in a companion volume. Dr. Drysdale argues here that for future volumes of the *Cyclopædia* it will be better to incorporate such matter with the pathogenesis of each medicine, so giving the practitioner less trouble in reference, and keeping him from the danger of falling into the easier way of empiricism.

Dr. Hobart moved that we do heartily approve of this work, and tender to Dr. Hughes and the other editors our thanks for their earnest and arduous and successful labors.

Dr. Roth seconded this motion.

Dr. Hobart then said that the reference to the schema was very much to the point. When he commenced the study of materia medica he was given *Jahr*. This was very confusing to the student. Medicines should be known individually. Clinical symptoms must be eliminated. Homœopathy cannot be advanced in any way better than by improving the materia medica.

In America, the discussions had run too much on other things. The materia medica is the chief thing. In this work, going back to original sources brings within the reach of teachers and students material which they could not come across in other ways. There is a movement in America for making the meetings on materia medica at the Conventions general instead of sectional meetings.

Dr. Heermann said it was the great wish of Dr. Hering to see this work done, because our materia medica is our basis and our apex. Hence this is one of the grandest works we can wish for, and the conclusions should be well weighed. There are criticisms upon the name "materia medica of the future;" whether the eliminations have not been too great. The cures by the pellet have been put aside; yet this is some of the experience of the past which we could have done badly without. This is not in place in the body of a *Materia Medica Pura*, but it might be put at the foot of the page. Dr. Heermann met with a patient who had a symptom outside the body haunting her. He had found it in three instances as a result of *Sepia*. He had found an individual who saw white with his right eye. Under *Phos.*, he found there was white vision with right eye, and also the arteries were out of order. This led him to the arteries, and he found an aneurism. This experience, he put at the bottom of the page. So he objected to the experience of the pellet being altogether put aside. Again, he found a line of demarcation had been agreed to; but some persons are so susceptible that the 3d and 6th have no effect, but going to the 100th or 1000th, symptoms appear which you get in no one else. He would put these at the bottom of the page as an addendum. This work will be the basis of the *Materia Medica Pura*, but it does not go as far as it should go. What is wanting in all pure materia medicas is the experience of our forefathers. This distinguishes some of the earlier works. The great desideratum is to know such medicines have such and such symptoms. Our materia medica some day will arrive at this. We shall see that certain symptoms belong to certain organs,—e.g., *Nux vomica* to the solar plexus and spinal cord. Medicine should be so studied in its outlines, and the organs to which it has relation should be specially noticed. He asked Dr. Hughes to read a case he had published illustrating this point.

Dr. Hughes said his case was to show that symptoms may sometimes not correspond with actual conditions. It was the case of a lady who was suffering from gall-stones. The lady had, he said, had severe salivation in all her pregnancies, and now, when suffering from gall-stones, the same salivation appeared again. A medical friend prescribed *Kali bichrom.* for the salivation. Dr. Hughes objected, on the ground that the salivation of *Kali bichrom.* was only part of the general sickness and nausea produced by massive doses and not a pure pathogenetic effect. No result followed. When *Kali iod.* was given, cure speedily followed, this medicine having very decided power of causing salivation specifically.

Dr. Heermann resumed. If we have a materia medica without experience, a student will be apt to seize on a single symptom, as in this case, without getting at the real pathological condition of the case. We require for this that the experience of our forefathers should not be left out of view, and that the meaning of each symptom, pathologically, should be sought. Besides, we require the schema. The schema has this advantage, it is much easier to refer to than this book, and almost the whole of the symptoms are more easily reached.

Dr. Simon said he had received from Dr. Gailliard the following facts. Dr. Atomie told him that he had experimented with six drugs, and they had produced identical effects, fever, erythema, etc. What can we conclude from this? That Dr. Atomie had a peculiar constitution. Therefore he requested all provers to note their temperament and susceptibilities. Dr. Hughes rightly does not allow that symptoms admit of indefinite groupings.

For example, a pain at the lower end of the shoulder-blade generally accompanies liver disease, and *vice versa*; but the shoulder pain must not be artificially separated from this relationship. The bizarre symptoms noted by some provers, Dr. Simon urged, should not be neglected. He instanced a case of facial neuralgia, in which cold water in the mouth relieved the patient, the pain coming back more violently when the water got warm. *Bismuth* has this symptom, and cured the case in forty-eight hours. He thought the schema necessary; it was to be compared to a dictionary in learning a language. We do not commence to learn a language by reading a dictionary, but it is indispensable.

Dr. Runnels gave his hearty support to this work. It was not final. (Hear, hear!) It is a fair beginning along the right way. It is somewhat in the nature of a compromise. But what is left out will not be lost. (Hear, hear!) We don't lose anything. We are gaining ground. Speaking of symptoms from dilutions above the 6th potency, he thought the editors have done rightly to retain symptoms when observed from provings both above and below. In reference to the case of Dr. Simon, he said he had cured facial neuralgia with *Coffea* 30 with great rapidity.

Dr. B. Schmitz said that no *materia medica* could be perfect, and cited the *Materia Medica* of Hahnemann to show that there was a limit, the 30th dilution, beyond which no pathogenic symptoms were taken. He showed that Hahnemann took many symptoms from diseased persons, thus indicating Hahnemann's *Materia Medica* was not altogether a pure one.

Dr. Mossa said it is to be looked at in point of science, and in point of practice. From the scientific point of view, it is a great work; but the work is also practical. It offers to the medical student and practitioner a source of information of great importance, and it is also valuable for our colleges of the old school. He thinks that teachers will find in it a great treasure. He thought the old school would prize it as soon as they knew that to know the positive effects of a drug was to know its curative effects as well. He concluded by praising his teacher, Dr. Gross.

Dr. Pope said that it was very gratifying to all workers to see the way in which their work had been received. He said that the chief credit was due to Dr. Hughes. He referred to Dr. Heermann's criticism of the omission of clinical symptoms; their place is in therapeutic commentaries. It is highly important that clinical symptoms should be observed more than once. Dr. Drysdale would have the pure *materia medica* combined with commentary. Dr. Pope did not agree with this.

Dr. Clarke said that he had much sympathy with the remarks of Dr. Heermann. He felt the work was open to criticism on many sides; and he had a great desire, when possible, to have everything in a single book. But it was not possible in such a case as this. Compromise was necessary; and, judged from the fallible human standpoint, the work was simply a magnificent one. There was no reason why those who approved of provings with the higher dilutions should not collect them; and no reason why those who approved of clinical symptoms should not also collect them. He regarded the *Cyclopædia* as a foundation work. It was not the whole of our foundation, but it was a good half of it. Clinical experience was the other half. He did not look upon this as a work to be put into the hands of students already suffering from the effects of "over-pressure," but as a work for the teachers of *materia medica* to work upon, and to digest (with the other works on therapeutics) for the benefit of their students, in the text-books they put in their hands. These text-books should be primers to introduce students to the practice of their art, to the proper use of the *Cyclopædia*, the schema, and other works in constant use amongst us. He could not shut his eyes to the value of clinical symptoms, with the *Chronic Diseases* of Hahnemann before him, and the multitudinous confirmations of them. He joined with Dr. Pope in his admiration of Dr. Hughes, and the manner

in which he had fought for the work, often against great opposition, on both sides of the Atlantic. He had watched Dr. Hughes for years, and the way in which he had overcome all obstacles, and made the execution of the work practicable, he regarded as wholly admirable.

Dr. Noble testified to the interest with which the younger members regard the recent work. He said it was not to be compared to schemas. He passed an encomium on Dr. Hughes for his work on *Pharmacodynamics*, and compared the *Cyclopædia* with this.

Dr. Roth pointed out that Dr. David Roth was the first who had the courage, forty years ago, to stand up against the corruption of the materia medica. Hahnemann's second wife called him "the poisonous serpent" on account of his fearless criticism. Dr. D. Roth's great work was *Médecine Clinique*, in which cases of cure by single remedies were collected. Among the provers of Hahnemann one Langhammer was always ill; the symptoms he published were real symptoms, but they were the symptoms of his sickness and not of the medicines.

Dr. Hughes, who was received with loud cheers, thanked the assembly for the appreciative reception accorded to his work. This would enable him to go back to it with a renewed heart, and he hoped that at the next quinquennial meeting the whole of the five volumes would be completed and presented. In answer to Dr. Heermann he said that Dr. Runnels had anticipated his reply. When the work was complete it was hoped to add an index such as Dr. Drysdale suggested, and a work embodying clinical experience. The work was only a foundation, but he hoped it was a strong and pure one. (Loud cheers.)

Dr. Meyerhoffer said he did not rise to criticise. In all pathogeneses, there is one point missing, that is, in the various experiments made on men there is rarely an analysis of one of our most important excretions, the urine, which shows the variations in nutrition within us. This should be accurately attended to in future. The specific gravity and abnormal elements, these should all be accurately considered. He was led to this remark by the case of a patient whose urine exhibited a specific gravity of 1030. There was sugar, but on analyzing the urine the salts were much below the usual standard. The use of arsenic in two or three days increased the quantity of the salts, and the sugar diminished. In this case, the specific gravity did not show the quantity of sugar but the poverty of salts, and if no attention had been paid to the latter, error would have resulted. Hence in all provings, the necessity of care in this respect.

The President then called on Dr. Clarke to read the *résumé* of his paper, which ran as follows:

NOTES ON NICOTISM.

By JOHN H. CLARKE, M.D., London, England.

The author maintains that all users of tobacco are the subjects of poisoning; and that the comparative absence of symptoms during its habitual use is a "tolerance" analogous to that of *arsenic* eating. Its sudden discontinuance often leads to "tertiary" effects similar to those resulting from its primary adoption; and the same may occur from temporary excess or lowered resistance on the part of the "nicotist." The "intermediate stage" is one of saturation with the drug, kept up by recurrence to it as soon as a sense of craving shows that its influence is waning. Its evil effects here are shown in the eye, the heart, and the nervous system generally; and also by local action in the throat.

The author regards alcohol as too similar to tobacco to be a safe antidote for it in ordinary quantities. *Nux vomica* is, in his judgment, the great remedy for nicotism; while he finds *Camphor* of much value in subduing the craving for the poison in those who are endeavoring to break off its use.

Dr. Clarke amplified this summary in some particulars.

Dr. Mossa mentioned that Professor Eulenburg, in his work on the sympathetic, has mentioned a form of angina pectoris due to nicotism, where the pain ceases as soon as tobacco is left off. In animals, the effects were similar to those of *Digitalis*, but all the animals were first poisoned by *Curare* which interfered with the effects.

Dr. Runnels regretted that the meeting had not heard the paper in full. It was a very important subject, and one on which there was much to be said. We shall have to make a more definite record. Whenever we say anything against the habit we encounter the prejudices of large numbers of nicotists, who say we are fanatics; they have smoked for years, and it has never hurt them in the least. Close analysis will show that it has hurt them, and has left its mark.

The chief criticism he has to make on drug symptoms was that they are often taken from provers under the influence of a much stronger drug (as tobacco) than the one they are proving.

Nicotists say it does not hurt them. He maintained they are generally affected by piles, liver or heart disease, or what is called in America, for want of another name, "malaria." You can often trace the effects of tobacco into the next generation. Many cases of anæmia, dysmenorrhœa, and epilepsy in children are due to nicotism in parents. This is only one example. Tea and coffee are others. Dyspepsia, functional disease of the heart and other maladies, are induced by the use of these. We take black coffee to antidote opium, and if it is potent enough for this the habitual use of it must give us a proving. Let us never take provings from persons who are bound hand and foot to some poisonous drug.

Dr. Cooper had given consideration to the subject from time to time. He could say with all reverence, with Kingsley, that when the Great Architect of all things created the world He created nothing better than tobacco. He believed that the human race had benefited by nothing so much as tobacco. He acknowledged the evil done by tobacco, but he thought the habit of expectorating was the chief evil. He said there was nothing that would not do harm. One of the most remarkable things was the enormous quantities that could be taken without visible effects. He mentioned a case in which a person who had taken enormous quantities of tobacco left it off without the smallest difficulty after taking it for fifty years. Tobacco was not so much used as it ought to be in medicine. Tobacco 3x did most good in one case. He hoped to give an account of the medicinal use of the drug together with that of *Lobelia* some day. If given in high dilution it would produce pathogenetic effects, but if given in the crude form it did less harm than any herb under the canopy of heaven.

Dr. Schäder rather agreed with Dr. Cooper than Dr. Runnels; he was no friend of tobacco, but he mentioned that Hahnemann smoked continually. Dr. Schäder's grandfather lived to ninety, and smoked until within a week of his death. There are cases in which the effects are bad. A colleague at Thun suffered from terrible attacks of angina pectoris, and never had it from the time he left off smoking. He has seen sickness and giddiness caused by it. He is himself no smoker.

Dr. Heermann said there were great differences in different cases of tobacco poisoning. *Staphisagria* was sometimes needed for the severe anæmia caused by it; sometimes *Arsenic*. *Phosphorus* had to be used to cure one case of nicotism in his practice where there was intense anæmia of the brain.

Dr. Mossa mentioned, in reply to Dr. Cooper, that it is not a bad habit to expectorate if you smoke; as the smoke acts on the salivary glands, expectoration is necessary.

Dr. Nield said he was obliged to Dr. Clarke for introducing this subject. He endorsed his experience, and agreed with what Dr. Runnels had said.

Dr. Cooper's argument was answered by Dr. Mossa. His arguments would apply equally well to the use of *Arsenic*, *Opium*, and *Cannabis*. The case mentioned by Dr. Cooper was an exception. Most persons suffer much in giving up tobacco. Those who give it up suffer from want of sleep or constipation.

Dr. Clarke, in reply, thanked the Congress for the kind reception they had given to his paper, and said if gentlemen had had the opportunity of reading the paper *in extenso* they would have found that he had merely stated the facts of his experience, and had drawn no inferences as to the habit in itself; but if the facts were found to lead to the inferences condemnatory of the habit which Dr. Cooper seemed to anticipate, he had no objection. The points raised by Dr. Cooper were, for the most part, anticipated by the substance of the paper. He had used the terms *nicotism* and *nicotist* to avoid the use of cumbrous phrases, since all tobacco-takers did not smoke, some of them taking snuff and others chewing. The case named by Dr. Cooper proved nothing, any more than the case of Professor Hamilton of Edinburgh, who could take enormous quantities of laudanum without experiencing any effect at all. Dr. Clarke said that in his paper he had specially mentioned that his observations were confined to the effect of the tobacco used in England and by British subjects. He told a story of a German doctor (told him by a colleague who was present at the consultation) who, whilst wrapping up powders for a patient, smoking all the while and blowing clouds of smoke into the powders, was very particular to warn the patient to be extremely careful to keep the medicine out of the reach of any strong-smelling substances. When the patient had gone, the narrator of the story asked the doctor what was the good of his instructions when he was all the time smoking into the powders. "Oh!" said the doctor, "that is not of the least account, tobacco-smoke is the natural atmosphere of a German."

The President then put the following resolution:

"That we do most heartily endorse the *Cyclopædia of Drug Pathogenesis*, and that we also tender our sincere thanks to Dr. Hughes and his fellow-workers for their most excellent and indefatigable labors in preparing this great and exceedingly important work upon *materia medica*."

Proposed by Dr. Hobart, seconded by Dr. Roth, and carried unanimously. This concluded the proceedings of the second morning.

SECOND EVENING.

The official toasts of this evening were, as on the first evening, three in number: "Homœopathic Hospitals and Dispensaries the World Over," which was proposed by Major Vaughan Morgan, and responded to by Dr. Hobart; "Homœopathic Societies," proposed by Dr. Heermann, and replied to by Dr. Runnels; and lastly, "Homœopathic Journals and Literature." Dr. Lambrecht, *filis*, proposed the last, and coupled with it the names of Drs. Pope, Clarke, Simon, and Oscar Hansen. Each of these gentlemen spoke in reply. The unofficial toasts were: "The Health of the Chief Editor of the *Cyclopædia*, Dr. Hughes," proposed by Dr. Heermann; and "The Prosperity of Homœopathic Pharmacy," proposed by Dr. Hughes, and responded to by Mr. John Wyborn.

THIRD DAY.

THURSDAY, AUGUST 5TH.

THERAPEUTICS.

DR. D. HANSEN, of Copenhagen, on

Sepia, and its Importance as a Remedy in Pulmonary Affections.

Dr. Hansen referred especially to three patients, all ladies. In cases which indicate *Sepia*, there is chronic induration of the lungs sympathetic

with uterine affection. In all these cases, the patients had had children, one a large family. In all, there was infiltration about the apex. It is not enough to prescribe according to pathology, but the symptoms must be studied carefully. Stitches in upper part of the lungs under the clavicle, going along to the third rib, is a characteristic symptom. Dr. Heermann mentioned this to Dr. Hansen. Dr. Hale, of Chicago, had confirmed it. Another characteristic is hæmoptysis, which disappears on beginning to walk. A sensation of emptiness is also an indication.

In the family of one of the patients there was a death from tuberculosis. All three recovered. There is another characteristic symptom, pain in the occiput. This is sympathetic with uterine affections. One of the patients suffered from ozæna, another from psoriasis. *Sepia* did good generally, and cured all the affections, though other medicines and cod-liver oil had before been used in vain.

Dr. Meyerhoffer added, that one characteristic symptom was pain on the left side of forehead and eye, which is sympathetic with the uterus. It is one of the most interesting chapters in pathology. When ladies (whether married or single) coming of parents of tubercular tendency, are affected with diseases of the womb, for a longer or shorter time, you may conclude that there will be affections of the lungs, and then, as Dr. Hansen has said, *Sepia* will be found one of the most effectual remedies; and remedies directed to the lungs themselves will fail to touch them. As to the particular pain on the third rib on the left side, this is corroborative, but only secondary in importance, and must not be insisted on. In chronic congestion of the lungs in ladies who suffer from leucorrhœa or other uterine affections, *Sepia* is one of the most efficient medicines. Dr. Meyerhoffer generally used the second and third decimal tinctures.

Dr. Mossa mentioned that an additional indication for *Sepia* is chronic peritonitis in ladies after gonorrhœa caught from their husbands. There is often congestion of the lungs as well, and *Sepia* is better than *Thuja*.

Dr. Cowl confirmed Dr. Mossa's observation of leucorrhœa consequent on gonorrhœa in married women, and much more severe than in unmarried. In one case, it was fatal. *Sepia* he had used with considerable benefit in a number of cases, but he had seen more good from *Pulsatilla*, and where there was acridity, from *Sabina*. He trusted more to general treatment and consideration of general symptoms than to local treatment. He used glycerin on a cotton tampon. He thought the limited use of pessaries was good, but that the abuse of them had done immense harm.

Dr. Runnels had had good results from *Sepia*. He finds it more appropriate where reflex condition is present. Reference has been made to local applications. He would distinguish. It is not possible to cure all cases with *Sepia*, or internal remedies alone. He had had cases of illness recurring and recurring until the local affection was attended to.

Dr. Schäder confirmed Dr. Hansen's remarks, and pointed out Hahnemann's intuition in indicating the place of *Sepia*, and also that it was from the effects of high dilutions that these were observed.

Dr. Hughes could not quite agree with Dr. Schäder. *Sepia* was in the first edition of *Chronic Diseases*, and the symptoms were exclusively from patients from dilutions from 3-12 upwards. There is good reason to suppose the medicines were generally given from the 2d to the 3d triturations. In the second edition, 400 symptoms were added, and these were from the 30th, but three-fourths were from the stronger.

Dr. Hansen, in reply, said that the first introduction of *Sepia* in pulmonary affections was by Dr. Kunkel, of Kiel. Carroll Dunham pointed out that in the early provings, no examination of the uterus was made.

DR. COOPER ON EAR DISEASE AND GOUT.

Dr. Cooper first read the *précis* :

EAR DISEASE AND GOUT.

By ROBERT T. COOPER, M.A., M.D., London, England.

Dr. Cooper believes that gout causes deafness by affecting the lining membrane of the aural vessels with chronic inflammation; and brings forward a new remedy for such a condition in the shape of the *Picrate of iron* (*Ferum picricum*). He relates the incidental pathogenetic effects of this salt which led him to think it homœopathically related to gout, and adds some clinical confirmations. He does not pretend that the drug is specific for gouty deafness, but that, given in the dilutions from 12-30, it will seldom fail to benefit. His only illustrations, however, are two cases, in neither of which is gout mentioned as a factor, and in the second of which the deafness is said to have been "climacteric." In one, a distressing tinnitus disappeared under the 3_x potency; in the other, deafness and headache under a solution of 1 to 50.

The paper ends with a description of the substantive changes sometimes induced in the ear by chronic gout. Either there is hypertrophy and stiffness with anæmia, or there is eczema, with much tenderness and irritability. In the former case the deafness is said to be very intractable; in the latter it readily yields to *Chininum sulphuricum* 6x-12x.

Dr. Cooper said that one of his objects was to put the meeting in possession of a knowledge of the use of *Picrate of iron*. It has the singular property among iron salts of having a strong hepatic action. He did not wish to say much in regard to deafness. Last year he was engaged in a study of vascular deafness. There are three common forms of deafness described: (1) Obstructive, which is the only one really described by allopaths. When Dr. Cooper examined the cervical bloodvessels he found they all had bruits. (2) There is the nervous deafness, and (3) the one he had described, *vascular deafness*. These three may be singled out by Hahnemann's method. The first goes and comes suddenly; the second comes suddenly and may go away as suddenly. The third always comes on gradually, owing to an enfeeblement of the vascular system. Dr. Cooper has shown in relation to noises in the head that there are two kinds—throbbing and musical; the former are produced by the condition of the arterial, the latter by that of the venous circulation. This form is curable, but takes a long time to cure. A slight degree of this deafness is very serious, but need not be in the other cases.

Dr. Meyerhoffer asked Dr. Cooper if there were no purely nervous noises with vascular derangement.

Dr. Cooper said it was difficult to say, but he did not think a pure affection of the auditory nerve could of itself give rise to noises. Dr. Cooper's argument is that the auditory nerve cannot generate noises, but only register them. ("Hear, hear!" from Dr. Hughes.)

Dr. Cowl asked Dr. Cooper if this kind of deafness was easily discovered.

Dr. Clarke thought there was much credit due to Dr. Cooper for working out this subject; but did not think it fully settled at present. He had hoped to have heard more about gout, but he concluded that Dr. Cooper considered gouty affections to be of the vascular type. His experience did not always agree with Dr. Cooper's contention that nervous deafness always came on suddenly.

Dr. Cooper said, in reply to Dr. Cowl, that the diagnosis of obstructive deafness was easy. Dr. Clarke's criticism was just and appropriate. The really typical deafness comes on suddenly, and its nerves bar the uniform progress of vascular deafness. It comes by leaps and bounds. It is more

irregular. He mentioned a case. A lady, left alone in a house, had a fright. She became perfectly deaf, but recovered hearing when the fright had passed. There are many cases that might seem to upset his thesis. A clergyman came complaining of deafness of his left ear. He could hear four inches on the left side; and when proceeding to examine the right ear the patient objected, as he had been perfectly deaf on that side for twenty-five years. Dr. Cooper gave *Picrate of iron* 3^x, and in three weeks he heard perfectly well. He concluded there was gouty eczema in the meatus. He used the 3^x, 6^x, and 12^x solutions in gouty cases. The indications are—gouty dyspepsia, dirty tongue, constipation, biliousness, great weight on the chest, gouty lameness, and corns present on the feet. He noticed this last in a patient to whom he was giving it. He has given it in cases of painful corns with great effect, finding it better than anything else.

Dr. Batault asked Dr. Cooper if he did not think it would be better to divide nervous deafness into two forms—hysterical and sclerotic. He thought the case of deafness after fright was a hysterical case. The case of sclerotic could hardly be called vascular.

MENINGITIS PSORICA.

By DR. SCHMITZ.

Dr. Schmitz referred to the following summary, and added a few remarks:

LA PSORE MENINGÉE CÉRÉBRALE, OU LES MENINGITES PSORIQUES.

By DR. BONIFACE SCHMITZ, Antwerp, Belgium.

Dr. Schmitz believes that a form of meningitis occurs which comes under the category of neither "simple" nor "tubercular," and he calls it "psoric." He differs from Hahnemann, however, in disclaiming any connection between psora and scabies; the former being with him an expression denoting "morbid states resulting from accumulation and retention in the blood of excrementitious material of organic origin." They tend to issue in critical evacuations, and often spring up without any, or any sufficient, cause. If their origin can be traced, it is generally to a suppressed eruption or evacuation. A meningitis of this kind presents features leading one to think of the tubercular form; but they are not so severe, and under suitable homœopathic treatment this malady ends in recovery. The principal remedies are *Belladonna*, *Agaricus*, *Apis*, *Aconite*, *Pulsatilla*, *Bryonia*, and *Sulphur*.

Dr. Schmitz states that he has collected twenty cases illustrative of the malady, but on the present occasion he relates one only, in which the symptoms were sufficiently grave, but good recovery ensued under *Aconite*, *Bryonia*, *Sulphur*, and *Agaricus*, all in the 6th dilution; the last seeming to have the most decisive effect. He adds the case reported by Dr. J. G. Blackley in the *Monthly Homœopathic Review* for July, 1885, which he considers of this nature, and several others from homœopathic literature.

Dr. Simon agreed with Dr. Schmitz on the psoric origin of many cases of meningitis. He gave psora a more general meaning than Hahnemann. He mentioned the case of a child, between eight and nine months old, suffering for a long time from eczema of the scalp. There was great itching, much secretion. *Viola tric.* 6 and 12. The infant was cured rapidly, but became comatose suddenly and remained drowsy all the day. He gave *Opium* and *Sulphur*, and the baby improved, and at the same time the eruption came back, but not so severe as before. After a month, it was cured of both. The eczema did not completely disappear under the *Viola*. He did not dare to give this remedy again.

Dr. Mossa asked if the cases were acute or chronic, and was answered that they were acute.

Dr. Cash asked Dr. Schmitz if he did not find *Calcareo* and *Silica* of use in the acute meningitis. Dr. Schmitz said there was one case in his paper in which *Calcareo* was used in a high dilution.

Dr. Cash had come to look upon *Calcareo* in rachitic subjects as one of the surest things in homœopathy. The 30th dilution he preferred.

Dr. Hughes asked if Dr. Cash spoke of inflammatory cases or chronic hydrocephalic cases. Dr. Cash said, in the early stages of inflammatory cases, and also in hydrocephalic.

Dr. Hughes spoke on the use of the term psoric. Dr. Simon would retain the term, and divide it into three classes—herpetism, arthritis or gout, and scrofula. Dr. Hughes thought it unfortunate to retain psora as the generic term, since it cannot be disengaged from scabies. The sooner we drop the name the better; while allowing for the insight of Hahnemann, and the truth in his doctrine, we must admit that in this respect—its supposed relation to itch—the doctrine is ill-founded. Dr. Schmitz is to be congratulated on giving us a very useful classification of these cases. Are there any signs by which we may discover the hopeful cases? If we can, from Dr. Schmitz, gather which they are it will be a great gain.

Dr. Cooper frequently met with meningitis connected with ear diseases, especially in children in whom there are many tubercular indications. They generally recover. Two remedies he has had good results from, *Kali iod.*³⁰ better than lower, and *Terebinth.* in 3x and 12x. When there is diarrhœa or mesenteric affection, *Arsenic iodide* is the best.

As regards psora, he had instituted an inquiry into the action of *Sulphur*, especially in West Indian fever. By looking at Hahnemann's *Chronic Diseases* in search of a remedy for this disease, he came on *Sulphur*, and used it with great success. He thought then that it was only by its relation to the symptoms; now he believed it had to do with the chronic dyscrasia indicated by Hahnemann's term. In Hahnemann's theory there are two diseases, those diseases connected with skin affections, and those connected with suppressed discharges.

Dr. Noble was glad Dr. Schmitz had drawn our attention to this form of meningitis; but he objected to the name "psoric." Dr. Schmitz's cases would all come under the herpetic variety. Dr. Noble had had two cases of eczema impetigo rapidly cured by *Hepar*, but in which meningitis came on, and with fatal result.

Dr. Cowl believed there was a kind of meningitis distinct from tuberculous, and yet not simple. Regarding the term psora, he had been much opposed to it, but had inquired into the doctrine, and had found the term less objectionable than he at first thought. Psora was a wider term, and included, in Hahnemann's day, other skin affections besides itch, especially eczema which was attended with much itching. He thought the theory was well founded, and supported by the new discoveries respecting the tubercle bacillus. He said the itch insect was not known in Hahnemann's time.

Dr. Pope pointed out that Hahnemann was perfectly well acquainted with the itch insect, and published a pamphlet in which the *acarus* was accurately figured; but he believed that it was only in certain persons, in certain conditions of health, that the insect could produce the eruption; and it is this condition to which Hahnemann attached so much importance.

Dr. Schmitz (in reply) said that in using the term psora he did not mean to refer to the itch, and in future would prefer to call it "excrementitial."

Dr. Meyerhoffer said he would prefer to call the disease "diathetic," as "excrementitial" is too artificial a term.

REPORT OF A CASE OF MEASLES, FOLLOWED BY DIPHThERIA, AND COMPLICATED WITH WHOOPING COUGH. POST-DIPHThERITIC PARALYSIS. RECOVERY.

By A. MIDGEY CASH, M.D., Torquay, England.

Dr. Cash thought he ought to apologize for his simple clinical paper. He would divide the case into two parts and speak of its complications. The throat symptoms pointed at first to scarlet fever, and the skin was measles. The throat was explained by the diphtheria, which seems to run parallel with the measles. Excessive prostration came on early, and paralysis affecting the heart, causing fits of syncope. The following is the epitome :

Dr. Cash in this paper gives a detailed report of a case in which, after several weeks of whooping cough, measles supervened in a child living in a poor, overcrowded neighborhood of the town of Torquay. The cervical glands were greatly swollen. On the fifth day, extensive diphtheria of an exceptionally adynamic type was developed. On the 12th day, the soft palate was paralyzed, the face cyanotic and syncope threatened. Up to this time, the medicine chiefly relied upon had been *Aconite*, *Kali bich.* 3x, *Merc. biniod.* 3x, *Arsenic* 3x, and *Digitalis* 1x, as the symptoms had indicated. She was now apparently sinking; any attempt to raise the head from the pillow was followed by fainting. The *Cyanuret of mercury* was now given, in the 30th potency, for forty hours. After twenty-four hours, she began to rally, and, in another day, was able to swallow milk and sit up in bed. *China* ϕ and *Gelsem.* were now given, and three days later, the whooping cough gradually increasing as the diphtheritic symptoms disappeared, *Drosera* 1x and *Bellad.* 2x were prescribed. For a month, food had been chiefly given by enemata, now she was able to swallow, and only one enema *per diem* was required, and in two or three days this became unnecessary. On the fortieth day, fetid otorrhœa was marked, and *Pulsatilla* and *Causticum* were given. This gradually passed away, and, after a period of great weakness and much emaciation she made a complete recovery.

In some remarks on this case, Dr. Cash points out that the complication of rubeola with diphtheria rendered the diagnosis by no means simple at first, but that presently a typical picture of diphtheria was presented. The addition of whooping cough greatly added to the danger from exhaustion. Dr. Cash also refers to the decline of the whooping cough during the time of the rubeoloid rash and its subsequent return. The post-diphtheritic paralysis occurred much earlier than it usually does. Dr. Cash further notices the threatened paralysis of the heart and the importance of insisting upon the horizontal position being maintained during convalescence. He also attributes the speedy recovery, cardiac power, to the influence of the *Cyanuret of mercury*. *Causticum*, he thinks, had more control over the paralysis than any other remedy. The completion of the recovery, ending in robust health without a trace of any nervous disease, shows, he thinks, how, even through the most formidable complications, nature may yet find her way to health aided by mild, unreducing, specific treatment.

Dr. Meyerhoffer asked about the diet.

Dr. Cash said for a week, it was supported by nutritive enemata of beef-tea and milk, otherwise it had milk, beef-tea, and a little port wine.

Dr. Simon thought the Congress much indebted to Dr. Cash for bringing forward the case. The patient evidently had two distinct diseases. The cure amply justified the treatment.

Dr. Nield endorsed Dr. Simon's expression of thanks. He wished to add his testimony to the value of *Cyanide of mercury*, especially when there was much adynamia. The 3x trit. had done most for him. One case was interesting as being watched by an allopathist. It occurred in a child living at a considerable distance from Dr. Nield, who was called in when the allopathist had given the case up. The allopathic doctor sent reports to

Dr. Nield after Dr. Nield's first visit, when they consulted together. *Merc. bin.* was given at first. There was no improvement. The next morning the pulse was 120; respiration 80; temperature 105. He sent *Merc. cyan.*, and in a very short time the child was convalescent. Some time after this the child had typhoid fever, and the allopathic doctor who was in attendance was very anxious to give the same medicine!

Dr. Pope thought one of the most satisfactory things in the case was the action of *Merc. cyan.* on the adynamia. It is difficult to know how long the danger from this may exist. He mentioned a case in which death occurred during convalescence, though there had been no symptoms of danger for ten days. It is necessary to keep convalescents from the disease much longer than they are disposed to be. Dr. Pope would use the *Biniode* when the tonsils are large and the coating is slimy; the *Cyanide* when the membrane is leathery; *Merc. iod.* when there is much ulceration. The serpent poisons are of great importance for the adynamia.

Dr. Hobart also commended the paper as highly practical. He was much pleased with the attention given to the food. One food found of great use in America is the expressed grape juice. Regarding the remedies, *Lachesis* in high dilutions is one he has seen most valuable. *Merc. cor.* in certain seasons (*i.e.*, in certain years, which cannot be specified) has been the best remedy for diphtheria. He has used a spray of the same remedy, one part to 4000 or 5000 of water, or of alcohol and water. In the latter case it is to keep the throat clean. The matter of rest, where there are symptoms of paralysis, is of the greatest importance, and he mentioned a case in point, in which lifting the child about contrary to his instructions led to fatal results.

Dr. Simon spoke of *Phosphorus* as a remedy for diphtheritic paralysis: also *Lachesis*, the characteristic symptom being when the patient is suddenly awakened by suffocation.

Dr. Leseure said nourishment was to be prescribed in this disease like medicines. He thought (in opposition to Dr. Hobart) that the grape juice unfermented differed from wine. The question of the hybrid between measles and scarlatina has caused much confusion in the States, and he wished to know what was the experience in Europe.

Dr. Runnels mentioned the case of a child which he had diagnosed to be a case of what they called in America "Dutch measles," though the parents doubted his diagnosis. Within nine months, it had most severe scarlatina, and six months later it had genuine measles, thus confirming his diagnosis.

Dr. Hughes emphasized the great importance of the *Cyanide of mercury*. It really reflects great credit on Dr. Beck, of Monté, in Switzerland, and Dr. Villars, late of St. Petersburg, now of Germany; who brought it forward in practice. Dr. Beck noticed the effect of the drug in producing diphtheritic conditions, and Dr. Villars put it into practice. Dr. Villars wrote an essay for the prize offered by the Emperor of Germany after the death of the Princess Alice; but it was not recognized, since it came from a homœopathic source. This was a lamentable instance of allopathic bigotry. Another point was the evidence of its value in all dilutions.

Dr. Meyerhoffer answered Dr. Leseure in reference to the relation of rotheln to scarlatina and measles. On the Continent when measles prevails, whooping-cough, rotheln, and scarlatina always prevail at the same time, showing a relationship, if not an identity, between the poison of each.

Dr. Cash (in reply) said he expected criticism for the irregular treatment of the case, but the case was irregular. The whooping-cough was a very serious element. It was often necessary to rouse the mother to a sense of the need to prolong her exertions. She became almost apathetic.

The President then adjourned the meeting till the afternoon..

AFTERNOON MEETING.

The President having opened the meeting, letters from Dr. Ludlam, of Chicago, and others, were read by Dr. Hughes, wishing success to the meeting and regretting their inability to be present.

Dr. Gallivardin reported by letter that he had followed out his investigations in respect to the influence of homœopathy on the temperament, and had met with much success.

Dr. Villers writes, requesting information on epilepsy, which he is studying. He resides near Leipzig.

A German physician wrote a letter, protesting against the action of the editor of the *Allgemeine Hom. Zeitung*, in snubbing this Congress. Another is from Dr. Weiner, of Alhalsbad. The last letter was from Dr. Gailliard, of Brussels, writing to excuse himself from attending on account of family affliction, and protesting against unjust accusations to the effect that the Belgian homœopaths were not able to carry the Congress to a successful issue.

Dr. Hughes then read a communication he had received from India, from Dr. Mahandra, showing the great advances being made by homœopathy in that country.

SELECTION OF PLACE OF MEETING.

Dr. Pope proposed that it should be in one of the Eastern States of America in 1891.

Dr. Runnels seconded the resolution, but would suggest that they should leave the selection of place to the Americans, as the term "Eastern" referred only to a small strip of the country. "Eastern" was omitted from the motion, it being understood that the meeting-place would be as near Europe as possible, and the motion was then carried without a dissident.

PERMANENT SECRETARY.

The President put it at once to the vote that Dr. Hughes should be re-elected, which was done by acclamation.

Dr. Pope said there was no necessity for the re-election, as the office was perpetual.

Dr. Hughes, in accepting, said he thought it better that the secretary should be elected at each Congress.

A question from Dr. Bonino—Whether there is only one single remedy for a given pathological condition at the time of the physician's intervention; in other words, whether there are homœopathic substitutes?

Dr. Meyerhoffer said Dr. Bonino had put a question that often puzzles a practicing physician, when two medicines seem equally indicated. He wanted to know how the differences may be recognized, or if one may take either the one or the other.

Dr. Hughes suggested that there was not time to discuss this interesting question, though he would be happy to publish Dr. Bonino's paper in the Archives.

Dr. Leseure asked about the finances.

Dr. Hughes said that we were in a peculiar position. The doctors of the country who invited the others usually took upon themselves all the expenses. It was felt best to leave it open to those who wished to subscribe to do so. The treasurer reported £8 as having been received, and £30 from America. Dr. Clarke had received £5 and promises of £3 more. The expenses of this meeting would not be great. The proprietor had given the use of the room. The only expenses have been for printing, and the future expenses will be those of publishing the Transactions. Dr. Roth had

suggested that they should appear in the *Homœopathic Review* first, which would further reduce the expenses.

Dr. Runnels said he would like to ask a question, whether those who subscribed in America would be entitled to a copy of the Transactions?

Dr. Hughes said every subscriber would receive a copy of the Transactions.

Dr. Hughes reported resolutions passed at sectional meetings regarding over-pressure in schools and the desirability of an International Homœopathic Pharmacopœia, and the appointment of a commission, Dr. Cowl, Dr. Giesecke and Mr. John Wyborn being nominated. Both resolutions were passed unanimously.

There being no other miscellaneous business, the meeting proceeded to Dr. Kafka's paper on Diabetes Mellitus.

DIABETES MELLITUS: ITS HOMŒOPATHIC AND BALNEO-THERAPEUTIC TREATMENT.

By THEODORE KAFKA, M.D., Karlsbad, Austria.

The author commences with a summary of the views held as to the nature of diabetes in former and later times. For himself, he prefers to look for a true conception of the disease to its ætiology. As predisposing causes, he dwells mainly on heredity, diet (the immoderate use of saccharine and farinaceous matters), and inactivity (leading to deficient oxidation). Among exciting causes, he places in the first rank derangements of the nervous system resulting from strong emotional disturbance, though he does not attach so much importance as is often given to continued grief or worry. Trauma, alcoholic excess, and repeated chills are other starting-points of the malady, which he evidently regards as a general disorder of nutrition rather than as seated in any organ or definite nervous centre.

Proceeding to therapeutics, he surveys the German and French homœopathic literature for cases and recommendations, without any definite results. The older writers made no chemical examination of the urine, so that their diagnosis must remain uncertain. Among the later German practitioners, *Arsenicum*, *Aridum phosphoricum*, and *Kreasotum* have acquired most repute, while *Uranium* has done best in French hands.

The author's own experience is derived from an almost exclusive use of the Karlsbad waters, and he relates fifteen cases in which cures, more or less complete, seem to have resulted. He keeps his patients on an anti-diabetic diet, but allows a little Graham bread.

Dr. Hansen referred to the use of *Syzygium jambolanum*, and wished to know if our American colleagues could give any information.

Dr. Runnels confirmed the reports of its value.

Dr. Cowl mentioned that there was an account of it in the *Homœopathic Recorder*.

DR. OZANAM'S PAPERS.

Cases from Practice by DR. CH. OZANAM, Paris, France.

(1) Dr. Ozanam first treats of polypus occurring in the rectum and larynx. For those of fibrous or cancerous kind, he urges operation as the only practicable course; but for the mucous and papillomatous varieties, he thinks we have resources in medicine. He relates cases illustrative of these statements. Two of these papillomata of the rectum in children disappeared or came away under *Kali bromatum* 1x, 3 to 5 grams daily. Next come five cases of laryngeal polypus, chiefly treated by operation, but in one case disappearing under *Berberis* in various dilutions. The instruments used in one of the operations were invented by Dr. Ozanam himself, and he has sent engravings illustrative of them.

(2) The author next calls attention to the value of *Guaiacum* in acute angina tonsillaris. He admits that it is from the old school, and in substantial doses, that its reputation has come; but thinks it homœopathically indicated by the symptom in its pathogenesis—"burning pain in the throat;" and finds it perfectly effective in the dilutions from 1x to 3. He gives three cases illustrative of its action, in one of which, its happy effects appear in contrast with the ordinary treatment pursued in another instance in the same subjects.

(3) Dr. Ozanam finally records a case in which a chronic dysentery occurring during pregnancy, but then checked, reappeared after delivery with a yet greater intensity, and refused to yield to any treatment for a month. Then supervened a purpuric condition, with scorbutic gums, syncope, etc. At this point, *Ergotin*¹ was prescribed, a drop every two hours; immediate improvement set in, both dysenteric and scorbutic symptoms disappeared. A proctalgia which had complicated the case remained behind, but yielded readily to *Æsculine*, the alkaloid of *Æsculus hippocastanum*, which Dr. Ozanam finds more effective than the matrix substance.

Dr. Hughes said that Dr. Ozanam's paper came to him late. The cases were of great interest, especially the one on the action of *Guaiacum* on the throat. They would all be read with interest in the Transactions.

Dr. Runnels moved a hearty vote of thanks to our worthy President (loud cheers), and also to our worthy Vice-President (loud cheers), whose achievements had reminded them of the day of Pentecost—every man hearing in his own tongue—more than anything he had ever experienced. We were indebted to both alike, and they were as inseparable in our thanks as the Siamese Twins.

Dr. Hughes put the vote, which was carried by acclamation.

Dr. Meyerhoffer said he could only thank the meeting most heartily for the vote. He had greatly enjoyed the Congress; solid work had been done, and he felt that all must carry away pleasant recollections of their association. He concluded by again expressing his thanks, and sat down amidst continued cheering.

Dr. Schüder wished to express his personal thanks, and those of all his countrymen and colleagues, who regretted that they had not been able to be present. In choosing Bâle, the honorary secretary had done great honor to Switzerland. At the same time, Bâle was appropriate. Bâle had produced men of mark in reform and medicine—Erasmus, Vesalius, Eclampadius, and Paracelsus, the precursor of Hahnemann in the search for specifics in medicine.

Dr. Roth (after translating Dr. Schüder's remarks) added his thanks to those of Dr. Meyerhoffer, and said he wished he could have added more to the proceedings of the Congress than he had done. He was loudly applauded both on rising and resuming his seat.

Dr. Schmitz moved a vote of thanks to Dr. Hughes for his great labors in this Congress, and also to Dr. Clarke, who had worked so closely at his post of Assistant Secretary.

Dr. Meyerhoffer said he had already thanked Dr. Hughes, and he heartily wished him long life and health to complete his great work.

SOCIAL GATHERING.

THURSDAY EVENING, AUGUST 5TH.

The members of the Convention sat down to dinner on the last evening of the session in undiminished numbers, and with an increased number of lady guests. As on the previous evening, the proceedings were marked by the greatest cordiality and good-fellowship. After dinner, two official toasts were proposed: "Our American Visitors," proposed by Dr. Pope, and re-

plied to by Dr. Foster, of Kansas City; and "The President and Vice-President," proposed by Dr. Hughes, who compared them to twin stars, around whom the rest circled as a planetary system. Both toasts were drunk with great enthusiasm, and the President and Vice-president were cheered long and loudly when they rose to reply. Dr. Meyerhoffer expressed the great pleasure it had been to him to be present at the gathering, and concluded by wishing all a happy holiday. Dr. Roth said he had been very glad to assist in the proceedings of the Congress, and at the same time was pleased to have had the opportunity of airing his pet hobbies. He wished prosperity to all.

After other informal toasts had been proposed, including the health of Dr. Hughes, chief editor of the *Cyclopædia*, of Dr. Pope, proposed by Dr. Runnels, Dr. Clarke, by Dr. Léon Simon, Dr. Hansen and our Danish colleagues, by Dr. Runnels, and responded to severally by these gentlemen, one of the most pleasant and most successful of meetings was brought to a close, and most of the members took leave of each other to meet again, let us hope, one and all, with many others, five years hence on the other side of the Atlantic.

OPERATION FOR VARICOCELE.—Mr. Alex. Ogston believes that his operation for varicocele excels in simplicity, safety, and certainty, the various proceedings recommended by other operators. It consists in an aseptic subcutaneous deligation of the vein by means of a needle and disinfected thread. The operation is carried out as follows: The patient is anesthetized and the scrotum disinfected by a 5 per cent. solution of carbolic acid; the half of the scrotum corresponding to the side of the varicocele is then, by the usual manœuvre, seized three-quarters of an inch above the testicle between the forefinger and thumb of the left hand, and its contents allowed to slip back and escape until the cord-like vas deferens has slipped out of grasp. At this point, the finger and thumb squeeze the skin of the two sides of the scrotum together, to squeeze the veins away from the just-escaped vas deferens, and a threaded needle is thrust through the scrotum at this point. A handled needle, with a large eye at its point, is employed, and its thread should be the strongest surgeon's silk, thoroughly disinfected. Care should be observed in thrusting the needle through the scrotum to avoid, at the points both of entrance and emergence of the needle, the tubular sebaceous scrotal glands from which the hairs emerge, as they are always full of bacteria and their disinfection is an impossibility. The needle is then unthreaded and withdrawn, leaving the thread in its track. The skin of the front of the scrotum is then seized by the left forefinger and thumb and drawn forward in a fold between them until the punctures from which the threads emerge are drawn over the dilated veins to the base of the folds. They are then squeezed together and steadied by the finger and thumb, and the needle, this time without any thread, is once more passed through the scrotum, entering and emerging by the same points as before. The end of the thread emerging by the needle point is threaded into its eye and the needle is withdrawn carrying the thread with it, so that both ends of the thread emerge by the same point where the needle was first entered. The needle is then detached, and the long ends of the thread are securely tightened and tied on the veins and tissues they embrace. Another exactly similar operation is then made an inch higher up the veins; then the procedure is complete.—*Annals of Surgery*, August, 1886.


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THE
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PEMBERTON DUDLEY, M.D. BUSHROD W. JAMES, M.D.

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 The Editor is responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors.

Editorial.

AN EXPOSITION OF ALLOPATHY.—More than a year ago, at the request of a society of allopathic students, Dr. Conrad Wesselhoeft, of Boston, delivered before them an address respecting the peculiar tenets and doctrines of homœopathy. The address was a masterly and logical presentation of the subject, and showed the modern mode of prescribing, as compared with the ancient method, to be both rational and successful. The arguments to support the growing belief in homœopathy were not answerable either by acknowledged facts or by the processes of correct reason. The strong logical and experimental basis on which homœopathy rests, must have furnished a profound surprise to a body of thinking students, who had been taught by books and journals, and especially by professors, to regard it as an utterly unsubstantial delusion.

The students of the Boston University School of Medicine (homœopathic), not to be outdone either in courtesy or in the burning desire for knowledge, invited Dr. Vincent Y. Bowditch, President of Boylston Society (allopathic), to deliver before them an address in reply to several questions touching the doctrines of both schools. We think some of these questions were unfortunately worded, but they were still more unfor-

tunately answered. In most of the answers, there is very little of that masterly exhibition of medical facts or of astute reasoning that so eminently characterized the address of Dr. Wesselhoeft. We undertake to give these questions *verbatim*, and their answers *in substance*, in order that our readers may see at a glance just what there is in the address. To these we append our comments.

Question I.—"What are the conditions under which it would be possible to construct a *positive science* of medicine?" (italics ours). *Answer.*—"The possession of supernatural powers, a *perfect* knowledge of the structure and function of every part, and of their relations to disease, and of 'the part which personal idiosyncrasy plays' in our treatment (*sic*) of disease."

[COMMENT.—Then there can be no positive science until men acquire "a perfect knowledge" of the facts to which the science pertains. Then there is not yet a positive science of chemistry, of astronomy, of mechanics, or even of anatomy.]

Question II.—"What would your (allopathic) school do in a case where the symptoms are so varied that it is impossible to make a diagnosis?" *Answer.*—"Wait, alleviate symptoms which seem to threaten the safety of the patient, correct disturbances of the various functions, and mitigate pain, and—wait for the advent of symptoms which would assist us in our diagnosis."

[COMMENT.—In other words, if we cannot possibly make a diagnosis, we must wait until we can. What unbounded confidence some men seem to have in post-mortem revelations! We have known homœopathic physicians to be denounced for waiting so long after administering the remedy; but here is a whole school of physicians who "wait" indefinitely before doing anything. If the lecturer's answer to this second question means anything, it means that all the *curative* treatment employed by the allopathic physicians is determined by the *name* of the disease. It also means that where a diagnosis is impossible there may be spontaneous recoveries, and there may be allopathic alleviation, but *there are no allopathic cures*. Yet let us not criticise the school too harshly, it is only twenty-three hundred years old.]

Question III.—"What are the arguments in favor of polypharmacy by your school?" *Answer.*—"Such combinations of drugs are recommended for use as have been shown by the experience of thousands of careful observers to have certain effects upon certain abnormal conditions of the human body."

[COMMENT.—We can give a better answer. During the earlier centuries, ignorant and uneducated persons, sorcerers, soothsayers, charmers, and exorcists, and later the midwives, nurses, “Indian doctors,” patent-medicine men, *et id omne genus*, were in the habit of crowding into a single “mess” every substance which they thought could possibly have a beneficial effect, and the patient sometimes got well; and it was *such* “experience” which has so influenced professional and public sentiment, even down to our own time, as to keep this method alive, though in a modified form, among the customs of a profession too subservient and too conservative to adopt a more rational mode. The “experience” of the truly “careful observers” of this day, however, is rapidly forcing the adoption of Hahnemann’s mode—the use of the *single* remedy—the unfailing sign of the prescriber who has faith in the scientific accuracy of his prescription.]

Question IV.—“In accordance with what principles does the ‘old school’ physician prescribe, and on what basis does he maintain that these principles are correct.” Answer.—“No set maxim, rule, or principle, unless to use the experience of others and ourselves, combined with as much common sense as it is our good fortune to possess, *is* a principle” . . . “in short he prescribes his medicines as far as possible in accordance with *experience*—experience based upon practical observations,” etc.

[So does the homœopathist, but he does not stop here. *He* takes the facts presented by medical “experience,” collates and classifies them, and from them he deduces *principles*, and thus equipped with a light that shines even into dark places, he cures diseases in whose presence the allopathist is confessedly helpless. Now, how much has the allopathist accomplished, by trusting to the *facts* rather than to the *principles* of “experience?” He has not yet found a certain and unfailing specific for a single disease or diseased condition—(the destruction of a morbid germ or parasite is *not* a “cure” even when it results in recovery)—nor has he discovered the entire physiological action of a single drug. But then, as we said before, he has only been seeking for it these twenty-three hundred years. Give him time, please!]

Question V.—“To what doctrine of homœopathy does the regular school most object?” Answer.—“To the doctrine *similia similibus curantur* as a universal law.”

[COMMENT.—Then why do the Hookers, the Wolffs, the Simpsons, the Holmeses, and the Palmers direct nearly all

their arguments (?) against the minute dose, the proving of drugs, and the psoric theory? Why do they not undertake to show, by facts or by reasons, that "like" will *not* "cure its like." Let them, if they can, knock out this objectionable corner-stone, and the whole structure will topple over. Let them put this principle to a scientific test, *under the supervision of skilful homœopathic prescribers* (the only way in which such a test is possible), and then let them accept the demonstration without fear, favor, or prejudice. The homœopathists have begged for this opportunity in the hospitals for thirty years past. Why does Allopathy turn pale whenever the suggestion is made?]

Question V., Continued.—"Why are the doctrines of homœopathy more strenuously opposed than the widely varying theories of the 'old school'?" *Answer.*—"Because medical science is not in a condition to warrant any man in professing to adhere to any school of medicine, or to any set formulas for practice [That is simply begging the whole question.—ED. H. M.], in short to justify him in classing himself in any other than the great body of physicians who devote their lives to the advancement of medical science," etc. etc.

[COMMENT.—Great Scott! What has the professional conduct of a school of physicians to do with the truth or falsity of a medical doctrine? If "the great body of physicians" are opposed to special "classes," why, in consistency's name, did they force men out of "the great body," and into these special classes? Or, if the physicians of our day are ashamed of what their fathers did, why do they not boldly, and as becomes honest men, repudiate their fathers' folly and "bring forth fruits meet for repentance?" And why does not Dr. Bowditch answer the question that was put to him?]

Answer, continued.—"The 'regular school' objects to the fact that homœopathists, as a class, profess adherence to certain methods of practice, and *do not practice always in accordance with those methods by any means.*" (Italics his.)

[COMMENT.—The question remains unanswered. But admitting the above slander to have some shadow of truth—admitting that homœopathists *do* set broken bones, and empty impacted intestines, and check arterial hæmorrhage, etc., by other than homœopathic means—just as Hahnemann taught them to do—what inconsistency is there in that? Will Dr. Bowditch please tell us when and where "homœopathists, as a class," ever *renounced their right to practice allopathy?* Homœopathic physicians as "physicians" have a right to claim,

and *do* claim, to place under contribution the whole universe of matter and of force in their efforts to benefit the sick. They use homœopathy whenever they believe it to be best, *and only then*. The fact that homœopathy is the preferred method in ninety-five per cent. of their prescriptions, does not debar them from the right to use other measures in the remaining five per cent.

How different this from the exclusive and sectarian attitude of the allopathic school! That school has deliberately and formally declared that its members must not, under any circumstances, avail themselves of the methods and resources of homœopathy. And the individual members of that school, by retaining their membership in their societies, have formally renounced the use of homœopathic means and methods. The homœopathist claims all the world and wants it "fenced in" for his use. The allopathist also claims it all, except that *he wants homœopathy fenced out*. The homœopathist has as much right to allopathy as the allopathist himself, but the allopathist has no right whatever to homœopathy. And yet Dr. Bowditch, in common with all his allopathic brethren, is availing himself of the benefits of homœopathy every day. Talk of inconsistency after that! And this man, instead of answering the question asked of him by the homœopathic students of Boston University, in reference to a medical doctrine, whines like a whipped cur, and sneaks behind the so-called inconsistencies of professional men; like that other class of irrationals, who condemn Christianity because of the shortcomings of its professors.]

Question VI.—"There are statistics showing that the homœopathic practice is more successful in the treatment of diseases than that of the 'old school.' What statistics are there to prove the contrary?" *Answer.*—We have none, and we don't believe much in statistics.

[COMMENT.—The better part of valor is discretion.]

Question VII.—"How does the 'old school' practice explain the action of mercury in syphilis, alum in constipation, arsenic in digestive disorders and some cases of epidemic cholera, and belladonna in pharyngitis, if not according to the law of similars?" *Answer.*—As to mercury in syphilis, we cannot explain its curative action. Alum is both an astringent and an irritant, according to its use in small or large doses. (True, but the dose with which the homœopathist relieves constipation is the small, non-irritant dose.—ED. H. M.) Arsenic cures diarrhœa, with undigested food in the stools, by its irritant properties, expelling the cause of the intestinal irritation. (Why

then will not any other cathartic succeed equally well?—ED. H. M.) And these drugs *do not always* cure these diseases. But we (allopathists) do recognize the similarity between the symptoms of these diseases and the effects of these drugs.

[COMMENT.—How then does the allopathic school dare so positively to deny curative properties to the “similar” remedy in the presence of these universally conceded examples?]

Question VIII.—“Drs. Wood and Bartholow explain the action of certain remedies as substitutive or antipathic. How does this differ from the law of similars?” *Answer.*—“By the term antipathic action of a drug, we naturally infer that *the effect of that drug in disease is the opposite of its effect when used in health*; or, in other words, that it can cure, in disease, symptoms which it would produce in the healthy body.”

[COMMENT.—“How beautiful and fragrant this cabbage is! Let us not call it by ‘any other name’! We’ll whip the devil ‘round the stump, and every lick we’ll make him jump.”

Question IX.—“Why should not a physician, thoroughly educated in medical science, and capable of passing examinations required for a degree at any of the so-called ‘regular’ colleges, or for admission into the State society, be recognized by those societies and the profession at large?” *Answer.*—Every member of the Massachusetts Medical Society is required to agree in effect “that, in the practice of his profession, he shall call himself neither homœopathist, eclectic, allopathist, or, in short, any other name than that of ‘physician’ or ‘surgeon,’ and under this title he may practice as his conscience dictates.”

[COMMENT.—This, however, is not intended to prevent a physician from assuming the bombastic and quackish title of “regular.” Moreover, the rule itself is a Massachusetts Medical Society lie. A recent graduate of the Boston University School of Medicine, who has never placed the homœopathic title on his card or sign, or who never *had* a card or sign of any kind, could not secure admission to that society except by the expressed or tacit agreement not to be a homœopathist; and Dr. Bowditch ought to know, if he does not, that the “rule” above mentioned is a fraud, concocted to deceive both the profession and the public.

The doctor has not answered this question either, but he leaves it to be inferred that the reason “why” certain physicians are ostracized is because they assume a special title. This also is incorrect. The real reason is, because they believe in and practice homœopathy. This reason is distinctly set forth and expressed in the code of allopathic ethics. The Massachu-

setts Medical Society is violating the code she professes to respect; but, as she is doing it for base purposes, the American Medical Association is perfectly satisfied; and why should she not be?]

An allopathic contemporary, speaking of Dr. Bowditch's address, expressed the hope that homœopathic students who listened to it might be benefited by it. We have no doubt they were. That any intelligent homœopathic student could fail to be confirmed in his belief in homœopathy, and in his distrust of allopathy, by the address, is wellnigh incredible.

THE DEDICATION OF THE HAHNEMANN COLLEGE BUILDING, which will occur on September 21st, furnishes occasion for both retrospection and anticipation. Out of its humble beginning, and through the indomitable perseverance of those who had the cause and work of medical education at heart, it has come to be the peer of any medical school in America, both in the breadth of its curriculum, and in the thoroughness of its course of instruction.

This college holds the distinction of having been the first to propose and establish a graded three-years' course, as a substitute for the two-years' system, until then (1869) in universal use in American colleges. Although of late years, the majority of its students have elected this graded system, the college has not been able, until now, to exact it of all, simply because of a lack of accommodations. The goal, however, at which the faculty has aimed, is a thorough schooling in all subjects likely to be of practical value to the physician, and all topics necessary to a "liberal" medical education; and in carrying out this broad scheme, to include the education of the perceptive powers, the memory, the reason and judgment, and to add to this, manipulative skill and dexterity in each of the practical branches. In laying out this course of study, the faculty has endeavored to separate itself, in a certain sense, from the example and influence of all other medical schools—to be guided, not by what is taught in other colleges, but by the requirements of the educated medical gentleman, and the skilful practitioner. It is unreasonable, however, to suppose that this ideal has as yet been fully attained. The college must *grow* up to it, as it were, and while, in its present position, it yields the palm of superiority to none, its faculty and trustees feel that there is yet very much to be accomplished.

The amount of labor to be performed by the teachers under the new and enlarged college-system, is simply enormous,

though it is so divided up among the different classes, that no student will be subjected to the intolerable cramming of the older methods. There will be about fifty lectures, including clinics and subclinics, and about seventy hours of manual and laboratory exercises—an aggregate of a hundred and twenty hours of teaching-work—per week, an average of five hours per week to each of the twenty-four instructors. The work is so arranged that students of the first year have from six to eight hours per day of lectures and laboratory work, and those of the second and third years, eight hours. On Saturday, however, all the classes will have but four hours, to be followed by a half holiday. This arrangement allows abundance of time for special reading, quizzes, recreation, etc.

It seems, from all that can be observed, that all our colleges are looking up. Certainly they will bear comparison with their allopathic sisters. The Philadelphia school feels it incumbent upon her, as the eldest of the homœopathic institutions, to present an example of the highest and broadest attainable course of instruction in medical science, and in this effort she feels that she has a right to expect the full support of at least her own alumni, upon whom all her own distinction is necessarily reflected.

A NEW MATERIA MEDICA.—We learn that Dr. Joseph C. Guernsey has been spending the summer at work on a new Materia Medica which is to make its appearance early this fall,—perhaps in time for the opening of the sessions of our colleges. The history and plan of the work are as follows: While the late Dr. Henry N. Guernsey was professor of Materia Medica in the Hahnemann Medical College of Philadelphia, 1871-2-3, etc., he allowed his lectures to be published as a 16-page supplement to the *American Journal of Homœopathic Materia Medica*. These were paged separately from the "Journal" so that, when completed, they could be bound up into a volume, as was done by many physicians. A surprisingly great demand arose for extra copies of the Journal containing these lectures. Letters were received from all parts of the country by Professor Guernsey asking if he could not "complete sets;" if he had not "extra copies," etc., while very many urged strongly for a reprint of the lectures. This persistent demand, kept up year after year, finally induced the author to undertake what he felt would be a work of great use, to wit, a practical Materia Medica, in a book of convenient size, containing only characteristic symptoms and key notes.

He began this book over two years before the close of his life, and continued at it so long as his health permitted; but death called his busy brain to rest, before the work was done. His idea was to revise his old material, and to add new characteristics of the old remedies, as well as some new remedies which are coming into more general use.

Dr. F. E. Boericke, of the Hahnemann Publishing House, had an arrangement of several years standing with Professor Guernsey to publish his book as soon as he could get it ready. Since his death, recognizing the value of such a work to the profession, Dr. Boericke last spring engaged Dr. J. C. Guernsey to complete the unfinished work of his father.

This is being done with painstaking care, and will be, we are sure, a desirable book for every homœopathic physician. A special feature of this new book *will be an accurate repertory at the end of the volume.*

THE INTERNATIONAL HOMŒOPATHIC CONVENTION AT BALE.—We present to our readers this month, a full report of the proceedings of the International Convention, held at Bâle, Switzerland, August 2d, 3d, 4th, and 5th. For this, we are indebted to Dr. John H. Clarke, of London, England, the editor of the *Homœopathic World*. From a private letter, received by us from President Runnels, we learn that the meeting was an eminently successful one, notwithstanding the small attendance. The best of harmony and good feeling prevailed.

In order to present this report to our readers, we have been obliged to enlarge our issue by sixteen pages. Notwithstanding this enlargement, some very important matter, consisting of papers and correspondence, has been forced to lay over until the October number.

Notes and Comments.

PENNSYLVANIA has fewer medical colleges, in proportion to her size, than any other State in the Union. And the few enjoy a world-wide reputation.

MULTIPLE TENIA.—A Russian physician, by the administration of extract of male fern caused the expulsion of one hundred and two tapeworms from one patient.

SOME MEDICAL CRANK has been denouncing oak, maple, and other trees as prolific causes of malaria, and a lot of lay cranks are so credulous as to be cutting down some of the most magnificent of Philadelphia's suburban shade trees. We don't expect much of medical cranks, but our laymen ought to have more sense.

THE SOUTHERN JOURNAL OF HOMŒOPATHY begins its seventh volume with its August issue. Very few journals have started under as unfavorable auspices as has this, and yet the indefatigable enterprise and industry of its editor have placed it among the leading journals of our school. It is doing a good work for homœopathy in the South, and will add greatly to the prestige of our school in that section of the country.

New Publications.

LOCAL ANÆSTHESIA IN GENERAL MEDICINE AND SURGERY. Being the Practical Application of the author's recent discoveries. By J. Leonard Corning, M.D. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1886. Pp. 100.

The author in this little book refers, first, to cerebral anæsthesia, and the discovery of ether and chloroform, and then gives some account of coca and cocaine, citing a number of instances of its local use for the diminution of sensibility. Then, in part second, he gives his own method of producing local insensibility, by hypodermic injection and incarceration of the agent in the field of operation. His plan is to inject a solution of the hydrochlorate of cocaine, from $1\frac{1}{2}$ to 4 per cent., into the skin over the seat of the operation, then to exsanguinate, if possible, the parts by means of the Es-march bandage, or by a ring-compressor which will encircle the tumor. This ring is used also for the purpose of controlling the area of the anæsthesia. This metallic circle is the terminus of one arm of a horse-shoe tourniquet, invented by Dr. J. Willis Wright. It is applicable for operating about the head, chest, and back. It has an Archimedian screw at the centre, and two arms extending out from this joint, so as to partly encircle the head or chest or other part of the body.

When applied, the screw draws together the arms of the tourniquet, so as to make counter-pressure and support with the padded end of the tourniquet, at a point opposite to where the ring-extremity is making pressure around the tumor which is to be removed. This area is then benumbed by a subcutaneous injection of the anæsthetic solution, thus incarcerating the cocaine within the field of operation. The incisions and dissections are then made within this space without pain.

He gives two operations upon soft tissues by Dr. Wright. In one case the anæsthesia was maintained for nearly one hour, in the removal of an ovoid tumor of the forearm. In the other case, it was continued for three-quarters of an hour for the removal of a wen from the left temple. The encircling tourniquet also makes the operation a bloodless one. Sometimes, however, the cocaine produces serious constitutional effects, but Dr. Corning claims that these symptoms can be averted by using a weaker solution, say one-and-a-half per cent. of the cocaine, and *heating* it to a temperature of 99° F. and also warming the hypodermic syringe to the same temperature. The warming of the solution should be performed in a beaker glass, dipped in a vessel of hot water, and never over a gas flame or fire, and the temperature

should be accurately determined by a thermometer before injection. His hæmostatic clamps for plastic operations about the mouth and cheeks, and also the rings for encircling the anæsthetic, are shown in cuts. Many other cuts are given in the book illustrating various instruments.

B. W. J.

THE METHODS OF BACTERIOLOGICAL INVESTIGATION. By Dr. Ferdinand Hueppe, Docent in Hygiene and Bacteriology in the chemical laboratory of R. Fresenius at Weisbaden. Translated by Hermann M. Biggs, M.D. Illustrated by thirty-one wood-cuts. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1886. Pp. 214.

Professor Koch, in his examinations of bacilli, has so aroused the medical world, and particularly that portion of it familiar with the use of the microscope, as to stimulate investigations in this field of study in all the medical centres of the world. Much has been done and much has been written pro and con, and Dr. F. Hueppe here gives the "gist" of the literature of the subject, much of which was scattered about, difficult of access, and some of the communications extremely vague and confusing, whilst others were useless or simply condemnatory. The author being a pupil of Professor Robert Koch has had ample opportunity of familiarizing himself with the various methods of bacteria investigation, and he has given, as he intimates, a useful hand-book for the independent investigator and a trustworthy introduction for the beginner in this field of research. The scope of the book embraces, first, a general introduction, then a chapter on Spontaneous Generation and the principles of Sterilization. Next, one on Forms of Bacteria and Microscopical Technique. Culture-methods follow. Afterwards, Inoculation for the Determination of the Casual Relation of Bacteria-growth to Decomposition and Disease; another chapter on General Biological Problems; one on Special Hygienic Investigation, and finally one on Bacteriology as an Object of Instruction.

Every well-read physician will need to have the book for perusal that he may be up to the times, and not be lacking of information in this important and rapidly expanding field of research and thought. B. W. J.

A REPERTORY OF THE MOST CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. Edited by George William Winterburn, Ph.D., M.D., Editor of the "American Homœopathist," etc. New York: A. L. Chatterton & Co. 1886. Pp. 182.

This is a very comprehensive pocket repertory, being, as we find, almost the equivalent of a revision, condensation or re-arrangement of Dr. Constantine Lippe's Repertory of 1880.

We must admit our preference for quotation marks in such matters, or some acknowledgment of the source of the material utilized, other than merely a casual mention that the work is a compilation.

Some of Lippe's matter has been omitted and some material added, with several improvements in the way of bold headings of subdivisions and a better classification of some of the symptoms.

The abbreviations are in some places so greatly abridged that it is difficult to recognize the remedy, and this is calculated to bother the busy practitioner, for whom the book is designed, rather than assist him. B. W. J.

THE GENUINE WORKS OF HIPPOCRATES. Translated from the Greek, with a Preliminary Discourse and Annotations. By Francis Adams, L.L.D., Surgeon. In Two Volumes. Being Vols. IV and VII of Wood's Library for 1886. New York: William Wood and Company.

The "Works of Hippocrates," as presented by William Wood & Co., in their "Library" of the present year, is a reprint of the edition prepared for the Sydenham Society. The two volumes in which they are presented can be perused with profit only. The reference to homeopathy, on page 64 of volume i, is especially interesting. Hippocrates recognized the principle "*similia similibus curantur*" as holding good in some cases. He recommends in the treatment of suicidal mania that the patient be given "a draught made from the root of mandrake in a smaller dose than would induce mania." He also remarks "that the same substance which occasions strangury will also sometimes cure it, and so with cough;" "that warm water, which when drank, generally excites vomiting, will also sometimes put a stop to it by removing its cause."

DISEASES OF THE STOMACH AND INTESTINES. A Manual of Clinical Therapeutics for the Student and Practitioner. By Professor Dujardin Beaumetz. Translated from the Fourth French Edition; by E. P. Hurd, M.D. Being Vol. V of Wood's Library of Standard Medical Authors for 1886.

HAND-BOOK OF PRACTICAL MEDICINE. By Dr. Hermann Eichhorst. Vol. II. Diseases of the Digestive, Urinary, and Sexual Apparatus. Being Vol. VI of Wood's Library of Standard Medical Authors for 1886.

The first of these works is one of the most practical clinical manuals that it has ever been our lot to read. The author adopts a division of dyspepsia, which has a sound physiological basis, and which is, moreover, eminently practical. The book deals almost exclusively with the treatment of the affections considered, very little reference being made to their pathology. In the author's therapeutic recommendations hygienic measures hold a much higher place than does the administration of pharmaceutical preparations. Lecture VI, that relating to washing-out of stomach and forced alimentation, is to our mind one of the most interesting in the book. Eminent chemists and physiologists have shown that various toxic alkaloids are being continually produced in the human economy and especially in the digestive tube. If any circumstances should arise by which the elimination of these is prevented, as in dilatation of the stomach, one can readily understand that such retention must have a profound and far-reaching effect on the system. It is in just such cases as these, that washing-out of the stomach, by cleansing that organ of its impurities and relieving the system of these retained poisons, accomplishes wonders. The author's description of the

operation and its indication are clear and to the point. We agree with him in his estimation of the value of forced alimentation.

The author's condemnation of alcohol in acid dyspepsia is well worthy of note. It is a common practice with many physicians to order various liquors in this disease. The exposition of some points in the physiological action of alcohol, show such procedures to be based on unsound practice.

To each lecture is appended a series of notes and comments which we think would have been more convenient to the reader had they been introduced into the body of the lecture as foot-notes.

Dr. Eichhorst's work occupies a different position from that of the above. It is one of a series of volumes on "Practical Medicine." The descriptions given of diseases are full and yet without unnecessary verbosity. The book is illustrated with one hundred and six wood engravings.

A TREATISE ON DISEASES OF THE NERVOUS SYSTEM. By William A. Hammond, M.D. Eighth Edition, with Corrections and Additions. New York: D. Appleton & Co. 1886.

Hammond's work on *Diseases of the Nervous System* has long been the most popular American text-book on the subject. We do not think that the present edition has received the thorough revision that the advances in neurology of the past five years would warrant. In some points, it is decidedly derelict, as, for example, in certain affections in which the ankle-clonus is a marked symptom, that important sign of spinal disease is overlooked altogether; nor can we recall any place in the entire book, where the method of obtaining this reflex is described. Certainly, this is a serious omission in a book so popular among students and general practitioners as is this one.

The important difference between the eighth and the seventh editions seems to be the addition of a section on certain obscure nervous affections, including chapters on Tetany, Thomsen's disease, and Myriachit.

PUBLICATIONS RECEIVED.

REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. Edited by A. H. Buck, M.D. Vol. III. Fac.-Hys. Published by William Wood & Co., New York.

DECALOGUE OF THE NURSERY. By S. J. Donaldson, M.D. Published by Otis Clapp & Son, Boston.

Gleanings.

TREATMENT OF HYSTERIA AND NEURASTHENIA.—In the *Berliner Klinische Wochenschrift*, Dr. Burkart, of Bonn, publishes the results of twenty-one trials with Wier Mitchell's method of treating hysteria and neurasthenia. Of these cases (four male and seventeen female patients), nine were little or not at all benefited, while twelve could be discharged as perfectly cured. Considering that all of these patients had for years suffered from

the gravest forms of hysteria and neurasthenia, and that all known remedial resources had previously been tried in vain, the obtained percentage of cures must be regarded as very acceptable. In every instance that the Mitchell cure is to be exhibited, Burkart deems it necessary to carefully consider whether the patient is able to bear with impunity, the single requisites of the treatment as stated above. It is certain, at least, that numerous patients of the neurasthenic type would probably be injured by a rigid execution of this treatment. Success can, in Burkart's opinion, be looked for only in such patients as are endowed with a considerable energy of will and have firmly determined to assist the physician with their greatest efforts, especially in the direction of nutrition. The patients are, besides, to understand clearly what is intended and what is wanted of them. In the author's experience, patients in whom a pronounced irritability of the cerebrum existed, remained wholly indifferent to the Mitchell treatment. Especially in female patients, the required strict isolation will very often be an injudicious attempt on account of the nervous excitation resulting from it. If the cerebral irritability coexists with or depends upon an existing anæmia, the outlook is more hopeful. In visceral neuralgia, Burkart's success was likewise limited; the local pains usually remained, though less pronounced, after all other morbid symptoms had disappeared. Burkart tried the Mitchell cure, also, in four instances of sexual neurasthenia, resulting from a preceding urethral affection or venereal excesses, but, as could be presumed, with unsatisfactory results.—*Therapeutic Gazette*, June 15th, 1886.

SHORTENING OF THE ROUND LIGAMENTS.—The ability of the round ligaments to withstand traction sufficient to support a prolapsed or retroverted uterus has been proven by experiments of Prof. Williston Wright, undertaken at the suggestion of Dr. W. M. Polk. He found them able to sustain a weight of from four and a half to five pounds without rupturing. That shortening of the round ligament can sustain a uterus that has been prolapsed, has been demonstrated positively by Dr. Polk in the living subject. It was a case in which the uterus had been held down by a fibroid tumor upon its posterior aspect. The ligaments had been shortened, and the uterus with its fibroma was lifted forward and upward, so that the fundus was in the plane of the superior straight. But relief not having been obtained, removal of the ovaries was performed ten months later. At the operation it was found that the uterus still remained in the position gained for it in the original operation, and the upper border of the broad ligament was spread out like a web, between the round ligament in front, which was moderately taut, and the line occupied by the tube and the infundibulo-pelvic ligament behind, which was also taut. An objection urged against the operation is that the uterus will not be able to rise into the abdominal cavity, should pregnancy occur. One of Dr. Polk's cases became pregnant and has now completed her sixth month, and but for a dragging pain along the round ligaments, she presents no deviation from the normal. Another question suggesting itself is, as to the state of the bladder after the operation. Not one of Dr. Polk's fifteen cases suffered any inconvenience with that organ.

Dr. Polk, as a result of his observation in these cases, holds that so long as the uterus cannot be easily placed in a normal position by the sound, it stands outside the domain of Alexander's operation (shortening the round ligaments). In prolapse of the uterus without adhesions, the operation will draw the uterus well up and forward, and maintain it there. The indications for the operation are as follows: Prolapse of the uterus; retroversions and retroflexions of the uterus, in which the organ can be placed in the normal position, and yet a pessary cannot be comfortably worn; prolapse of the ovary, the organ being reducible and not large enough or diseased enough to demand removal.—*Med. Record*, July 3d, 1886.

HYPERTROPHY OF THE MALE MAMMARY GLAND DURING PHTHISIS.
 —Blomfield calls attention to a uniform enlargement of one or both of the male mammary glands in the course of phthisis; this enlargement being accompanied by pain and tenderness. It appears to differ from tuberculosis of the breast. It consists apparently in a general augmentation of the volume of the gland, without local induration, without any coloration of the skin, without adhesions, and without any axillary glandular enlargement, accompanied by a non-radiating spontaneous pain. The commencement is unknown; one gland is generally attacked. It increases in size slowly, and then decreases. It never gives rise to suppuration.—*Medical Analectic*, June, 1886.

THE SIGNIFICANCE AND DIAGNOSIS OF GONORRHOEA IN WOMEN.—*The Deutsche Med. Woch.*, Oct. 22d, 1885, contains a paper, by Lomer, on this subject. Gonorrhœa plays a much more important part in gynæcology than is generally admitted. As a cause of disease, it ranks next to the puerperium, and is at the bottom of a large proportion of the numerous cases of pathological exudations, perimetritis, fixed displacements of the uterus, cervical catarrh, erosions and sterility which the gynæcologist meets with. The usually accepted view is due to the fact that gonorrhœa in women is often not diagnosed. Not only may the patient be unaware that she is diseased, but there may be no obvious physical changes to enable even the physician to arrive at a diagnosis. The disease may exist without any discharge or any scalding during micturition or even any evidence of vaginitis, for in many cases the morbid condition is localized in the cervix. Lomer has seen many cases in which gonorrhœa proved to be such by its contagiousness, gave rise to none of the ordinary symptoms, but was confined to the cervical canal. Examination of the cervical secretion, however, showed the characteristic gonococci of Neisser enclosed in the pus cells. He quotes some interesting researches by Bumm, in which the latter asserts that gonorrhœa in women most frequently affects the cervix, owing to the cylindrical epithelium of that region offering the best pabulum to the gonococci; while the latter find it difficult to penetrate the squamous epithelium lining the vagina. Bumm, moreover, holds that gonorrhœal vaginitis is generally due to the cervical secretions causing irritation and inflammation of the vagina much in the same way as in gonorrhœa in the male, the glans and foreskin may become inflamed through want of cleanliness. If it is true that cervical gonorrhœa may exist without the vagina being necessarily involved, it is easy to explain why so many cases of gonorrhœa in women are not diagnosed; why so many latent cases prove to be contagious; how Ricord came to the conclusion that any vaginal secretion might attain the virulence of true gonorrhœal discharges. Lastly, it would show that Næggerath was to some extent right in his theory of latent gonorrhœa. Lomer examined the discharges in numerous cases of purulent gonorrhœa with a view to discover Neisser's diplococci. In men, their detection proved easy. In women, however, he found it quite otherwise, for so many other micro-organisms were present that the true cocci of Neisser could only be made out with great difficulty. Some observers have stated that true gonococci can be recognized by their shape and by the colonies they form; but this is questionable. Moreover, Bumm met with several kinds of diplococci so much like the true gonococci as to induce him to call them pseudogonococci. They differ from the true, first, by not occurring within pus corpuscles; secondly, by forming irregular groups and not rounded colonies like true gonococci. Lomer was not, however, able to satisfy himself as to these differences. He next attempted to find some characteristic color reaction, which might serve for the diagnosis of gonococci; but this also he failed to do. He examined the vaginal secretions of eighty-two hospital out-patients suffering from acute and granular vaginitis, urethritis, cervical catarrhs,

perimetritis, etc., in whom there was ground for suspecting previous gonorrhœal contagion with a view of finding gonococci; but they could only be made out in seven and one-half per cent. of all the cases. He, therefore, concludes that vaginal secretions are of very little value for the detection of gonococci. When, however, he examined cases of suspicious cervical mucus in the same way, he found gonococci in all of them (five cases). Gonococci are generally considered to be pus corpuscles including diplococci. But Lomer considers this fact to be open to doubt, for exactly similar cocci occur in the lochia between the second and sixth days. Lomer arrives at the following conclusions: 1. Vaginal secretions are unsuited for the detection of gonococci. 2. The latter should be sought for in the cervical secretions. 3. Only such cases should be looked upon as gonorrhœal in which diplococci are found enclosed in pus cells. 4. It is not as yet justifiable to regard such diplococci as proving the existence of gonorrhœa with absolute certainty, since they occur in the mild vaginitis of children, and colonies of them are often found in lying-in women. In the diagnosis of gonorrhœa, clinical symptoms are also of value. The virulent affections of the vulva, urethra and vagina are of diagnostic importance, whether they be due directly to contagion or caused by the irritating cervical secretions. Till lately, pointed condylomata and inflammation of Cowper's glands were looked upon as pathognomonic, but this is no longer quite so certain. Purulent cervical catarrhs and erosions are also very suspicious, though gonococci have also been found in the transparent cervical discharge. Gonorrhœa is a frequent cause of sterility probably on account of the associated endometritis and tubal catarrh. Again, scanty menstruation is often secondary to gonorrhœa, and may amount almost to amenorrhœa. As a last help in diagnosing gonorrhœa in a woman, the history of the husband should be inquired into. Lomer considers that apart from microscopical characters, there is abundance of evidence for establishing a diagnosis of gonorrhœa.—*Am. Journ. of the Med. Sc.*, July, 1886.

HOT WATER IN OCULAR INFLAMMATIONS.—In this plan of treatment advocated by Dr. E. B. Fryer of Kansas City, the water is used at as high a temperature as can be borne, which after a few hours will be 140°. It should not be of a lower temperature than this and as much higher as the patient can stand. A method of using it is by fomentation with a napkin dipped into the hot water and not wrung out, and then applied to the closed eyelids. This is usually continued for half an hour at a time and repeated every one, two, or three hours day and night. It may also be applied by suspending a vessel above the patient and allowing the water to escape through a tube, thus keeping up a continuous action of the hot water. In some cases, the temperature may be raised almost to the boiling point. During the intervals of application, a cloth wrung out of hot water is allowed to remain over the eyes. In some cases of purulent ophthalmia, the hot water may be thrown into the conjunctival sac. In purulent conjunctivitis, this application cuts short the attack more quickly and safely than the use of ice-cold water. In gonorrhœal ophthalmia, it quickly lessens the swelling and diminishes the occurrence of ulceration of the cornea. If ulceration has commenced, it is less likely to progress and the amount of cicatricial tissue is lessened. This plan of treatment is not so readily applied in ophthalmia neonatorum. In catarrhal conjunctivitis and phlyctenular ophthalmia, it is a good adjuvant. In acute and chronic keratitis, it is useful. Its most marked effects are seen in corneal ulcer. The small amount of opaque tissue left is astonishing. The pain and photophobia are also diminished by the hot water.—*Medical News*, August 14th, 1886.

CHRONIC OEDEMA OF THE LIDS AND ECZEMA OF THE NOSE.—In one of the last meetings of the Clinic of the St. Louis Hospital, in Paris, Dr. Bes-

nier spoke of the nature and pathogeny of certain chronic œdemas of the eyelids, especially of the lower lid, which come to resemble puffy cushions. The face also presents a certain amount of swelling. When the patient is first seen, one naturally thinks of a renal affection, which the examination of the urine shows to be unfounded. Formerly, these lesions were attributed to erysipelas, or rather to repeated attacks of lymphangitis, and, indeed, we sometimes observe inflammatory phenomena. The labors of Dr. Vêrité have shown that the greater part of these chronic œdemas of the lids have a close connection with chronic eczema of the nares. If this eczema is propagated in a downward direction, it may cause fissures, and more especially a thickening of the upper lid, which is so often met with in strumous subjects. When, on the contrary, it spreads upward, it produces the cedematous infiltrations of the eyelids of which we have spoken. It must not be understood that eczema of the nares is the only lesion which can produce this condition, for it is also observed in lupus and syphilitic lesions of slow development which affect these parts. These varieties of eczema are of the most rebellious character. Dr. Besnier advises a general treatment, with cod-liver oil in winter, and in other seasons arsenic, together with topical applications if necessary. Frequent spraying of the nares with tepid Saint Christian water is beneficial, or, if this mineral water cannot be obtained, with tepid water containing from fifty centigrams to a gram of sulphate of copper in each quart. In the intervals of the spraying, small pledgets of cotton should be introduced within the nares, spread with an ointment containing ten grams of diachylon ointment to each twenty grams of vaseline or oil, or with an ointment made with a gram of yellow precipitate to each twenty grams of vaseline. Some cases of œdema of the lids are so marked that we should produce punctures at the most tumefied points, with the finest Paquelin thermo-cautery. By this treatment, the swelling is reduced with much greater rapidity.—*Journ. of Cutan. and Vener. Dis.*, August, 1886.

VESICO-PUSTULE OF THE LOWER LID AND ULCERATIVE KERATITIS FOLLOWING ACCIDENTAL VACCINATION.—An army surgeon, Dr. Senut, while engaged in collecting vaccine lymph from a heifer, had a few drops of pus to accidentally squirt upon the left eyelids from a pustule he was pressing. Four days later, a papule appeared upon the lower lid and soon became a vesico-pustule, attended with œdema of lids and febrile movement. Four or five days later, the pustule ruptured and was succeeded by an ulceration. Three days later, a crescent shaped ulceration appeared upon the lower part of the cornea. The intra-ocular tension became so great that paracentesis was at one time thought necessary. A cure was finally effected by means of cocaine, atropine, and hot applications, but cicatrices were left upon both cornea and eyelid.—*Journ. of Cutan. and Vener. Dis.*, July, 1886.

THE QUANTITATIVE ESTIMATION OF SUGAR BY POLARISCOPY.—Dr. Dehout D'Estrées makes his analysis in cases of glycosuria as follows: He ascertains the presence of sugar by a qualitative test, say, by boiling the urine with caustic potash; having discovered its presence, he takes about an ounce of the urine and, after decolorizing it by a solution of acetate of lead and filtering, he places a portion of it in the polariscope and reads off the quantity of sugar at once. He uses Laurent's instrument. Cruise prefers the Yvon-Duboseq diabétometre on account of its simplicity and moderate price.—*N. Y. Med. Abstract*, July, 1886.

A CAUSE OF FATALITY AFTER OVARIOTOMY.—Dr. R. Ludlam states that, especially in his early experience as an ovariologist, his attention had been called to a condition, which had been overlooked by authors, as liable to increase the fatality from ovariectomy. He formulates his conclusions in the following propositions: 1. That the absorption of a part of the

cyst-contents prior to the operation is a not unfrequent cause of fatality in ovariectomy. 2. That this condition is incident to old tumors, to compound cysts, and to cases that have been tapped. 3. That this insidious, preoperative form of sepsis is most likely to declare itself through an irritable state of the gastro-intestinal mucous membrane, with repeated attacks of vomiting and purging, and to be confirmed at post-mortem by gastric or enteric ulceration. 4. That if the patient is predisposed to renal or hepatic disease the kidneys or the liver may be the seat of serious lesions of function or of structure, which really depend upon this auto-infection. 5. That the cardiac degeneration and involvement which are incident to this form of abdominal growths, as shown by Dr. Fenwick, may be ascribed to a pernicious anemia that is of septic origin, and which has its source in absorption through and from the disintegrating tissues of the walls and partitions of the cyst, and not alone in the size and pressure of the sac. 6. That when this septic infection has existed temporarily before the operation was made, the risk of its continuance and recurrence is very great, and the dangers from it, are due to the dyscrasia which it had insidiously developed. 7. That these facts present a new and powerful argument for the early performance of ovariectomy, and indirectly explain the increasing exemption from fatal consequences afterward.—*The Clinique*, July, 1886.

NOTES ON TRITURATIONS OF MANGANESE.—According to Dr. T. F. Allen, an examination of some fresh and excellent triturations of the binocide of manganese made by Boericke & Tafel, shows the finest particles already in the first decimal trituration. One finds some comparatively large spongy masses, about ten micro-millimetres in diameter, looking like slag from an iron furnace, and now and then a collection of particles as though one of these spongy masses had disintegrated, which is probably the case. These finest particles are found scattered over the field and are of uniform size, looking like minute nodules of specular iron. They measure not less than 0.4, nor more than 0.3 of a micro-millimetre in diameter. The same particles are found sparingly in the 3^x trituration, none finer.—*N. A. Journ. of Homœop.*, July, 1886.

THE SURGICAL TREATMENT OF HÆMORRHOIDS.—An old classification divides hæmorrhoids into external and internal, and of each of these, there are several varieties. The first variety which Dr. Chas. B. Kelsey considers, is one due to rupture of a small external hæmorrhoidal vein with extravasation of blood into the delicate subcutaneous connective tissue. The hæmorrhoidal tumor is small, soft and very tender to the touch. It has appeared suddenly. It disappears on pressure but reappears when pressure is removed. The treatment which Kelsey advocates for this, is a free incision into the tumor and the turning of the clot out of its bed, the incision being made in the line of the radiating folds. The pain disappears almost immediately. A compress should be applied for about fifteen minutes to prevent hæmorrhage. The after-treatment consists only in bathing the parts in cold water. These hæmorrhoids should not be treated by injections of carbolic acid as suppuration will almost inevitably be produced thereby.

The next variety of external hæmorrhoid consists almost entirely of skin and connective tissue. It contains but few bloodvessels. It is in fact a pendulous tag of skin attached to the margin of the anus. These ordinarily give rise to but little trouble, but they are generally indicative of serious trouble within the rectum and should always lead to careful examinations. It should be remembered that this form of tumor does not belong within the anus and that no amount of manipulation can keep it there. In its removal, cocaine is very valuable as an anæsthetic. Five drops of a four per cent. solution should be injected into the base of the tumor and when it is no longer sensitive, it may be seized with forceps and snipped off with

strong scissors. No after treatment will be necessary except cold water or a poultice to relieve pain. These operations may even be performed when the hæmorrhoid is acutely inflamed. Under such circumstances, the operator must allow for the infiltrated condition of the parts and not remove enough skin to cause subsequent stricture.

Another form of hæmorrhoid, very frequent in occurrence but seldom described, consists of a varicose condition of the veins just within and at the margin of the anus. Under ordinary circumstances, there is no tumor and no bleeding, but when the patient strains, the veins in this locality swell up, are distinctly visible through the skin and form a tumor of considerable size. Kelsey never advises a cutting operation for these, and confines himself in their treatment to one of two methods, the injection of carbolic acid and electrolysis. The latter method he thinks the preferable of the two as being less likely to produce a slough. If carbolic acid injections be used, the strength of the solution should not exceed ten per cent. of the pure acid. The idea is to produce induration without sloughing and to be sure of doing this, the injection must be weak, and repeated several times at intervals. In the use of electrolysis, a current should be secured sufficient to cause coagulation in the white of an egg in a glass. The positive electrode should be a fine cambric needle, introduced into the centre of the tumor. A sponge over the buttock or sacrum answers for the negative. The current should be passed for at least ten minutes.

Of the internal hæmorrhoids, Kelsey considers first the capillary variety. In these, there is often no appreciable tumor but rather a strawberry-like surface, slightly raised above the surrounding level, and bleeding on the slightest provocation. Here the application of nitric acid results in a permanent cure.

For the removal of well-marked internal hæmorrhoids, the author's favorite method is by the clamp and cautery, although he advocates ligature or carbolic acid injections under certain circumstances. The advantages of the clamp over the ligature, he states to be, a much less degree of pain, no risk of retention of urine, less constitutional disturbance, and shorter period of confinement in bed after the operation. Both operations may be done painlessly with cocaine, but where much tissue is to be removed, ether will prove more satisfactory. After neither operation should the bowels be confined more than fifty-six hours. In operating by the clamp, the tumor is isolated with long-handled, tooth-sharp, hook-forceps, the hook is applied and held firmly in the left hand, the tissue to be removed is cut off with curved scissors, and Paquelin's cautery applied to the stump. The most delicate point in the operation is to decide just how much tissue to include in the clamp. If too little be removed, the anus may be left surrounded by unsightly tags: and if too much, an undue amount of contraction may result. The method of carbolic acid injections can only accomplish by repeated operations, what the clamp and cautery does by a single one. Each injection is a surgical operation, and may cause greater pain and longer confinement by its effect upon a single hæmorrhoid than the operation with the clamp will entail in effecting a radical cure of the disease.—*Medical Record*, August 7th, 1886.

EPILEPSY FROM DISEASED TEETH.—The literature of epilepsy contains some fifteen cases in which this disease was cured by the extraction of one or more teeth, but in none of these cases is it proven that the disease of the teeth was the direct cause of the attacks. The following case recorded by Schwartzkopf is apparently conclusive in this regard: The patient, a man aged twenty-seven, suffered severe pain in the right upper middle incisor, which was filled soon after. Thereupon appeared a swelling on the adjacent portion of the hard palate, which increased in size until it reached the soft plate, in which, soon after, a fistulous opening appeared. Every

morning the patient expelled by pressure with his finger the purulent contents of the swelling, and was thereafter comparatively free from pain. The tooth, however, was loose, and somewhat painful when in use. Ten days after it was filled an epileptic attack occurred, which was repeated after several months. Gradually, the attacks became more frequent, and in eighteen months after the first attack they occurred several times a week. The fistula remained during this entire period, and the patient used, under medical advice, bromides, atropine, and other remedies, without result. The tooth was extracted, whereupon the fistula healed, and the epileptic attacks have not returned although the extraction occurred four years ago.—*Medical Record*, August 14th, 1886.

AMPUTATION AT THE KNEE-JOINT.—When amputating at the knee by the antero-posterior method, Dr. Nancrede advises his class to always retain the patella, notwithstanding what has been urged to the contrary. The fibrous hood of this joint, formed by expansions of the fibrous termination of the quadriceps femoris, is inserted into the tibia along the ridge of the tubercle, fully an inch below that of the capsule, whose insertion is along the margin of the cartilages. Now, making the anterior flap, by cutting loose the soft parts upon the tubercular ridge of the tibia, instead of the condyles of the femur, saves all the fibrous attachments of the patella, including this "hood," the alar, and all capsular and synovial ligaments, and thus prevents retraction of the patella with, after union of flaps, tilting forward of the stump, which otherwise surely occurs.—*Polyclinic*, July, 1886.

News, Etc.

THE NEW YORK STATE SOCIETY will hold its semi-annual meeting at Niagara Falls, September 7th and 8th.

THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA will hold a reunion on the evening of Wednesday, September 22d, in the new college building.

PERSONAL.—Dr. Emma A. Phillips has removed to Sheldon Building, Room 12, Pawtucket, Rhode Island.

Prof. C. M. Thomas has returned from his trip abroad.

ERRATA.—In our last issue, the following corrections should be made:

Page 496, second line from bottom, for "H. M. Paine," read *Henry D. Paine*.

Page 498, ninth line from bottom, for "body," read *mind*.

THE TWENTY-SECOND ANNUAL MEETING OF THE PENNSYLVANIA STATE SOCIETY will be held in the new building of the Hahnemann Medical College, Philadelphia, September 20th, 21st, 22d, and 23d. The opening session will be held on the evening of September 20th, when the President will deliver the annual address and important business will be transacted. The mornings and afternoons of the remaining days will thus be free for the reception of bureau reports. The papers promised are of unusual excellence. Headquarters will be at the St. George Hotel, Broad and Walnut streets, where visiting members and their ladies may obtain board at the reduced rate of \$2.50 per day.

Members contemplating the presentation of papers should send the titles thereof to the secretary at once, in order to secure a place for the same on the programme. Pennsylvania physicians not already members are cor-

dially invited to join the society. Blank applications for membership may be obtained of

CLARENCE BARTLETT, M.D.,
Corresponding Secretary.

1501 Poplar Street, Philadelphia.

WARD'S ISLAND HOMŒOPATHIC HOSPITAL.—Dr. T. M. Strong, chief of staff of the Ward's Island Homœopathic Hospital, notifies us that there is one vacancy on the resident staff of the Hospital. On November 1st, 1886, there will be three more. The physician appointed to fill the present vacancy, will serve until November 1st, 1887.

A NEW STATE SOCIETY.—A number of representative homœopathic physicians of Kentucky, met in convention at Lexington, July 14th, 1886. Nearly every section of the State was represented, and a society with a membership of about thirty, to be called the Kentucky State Homœopathic Medical Society was organized. The meeting organized at noon by the election of Dr. G. M. Ockford, chairman, and Dr. H. W. Bewlay, secretary. After a motion was adopted to proceed to organization of a State society, a Constitution and By-laws were adopted, and then adjournment was had for dinner. After dinner, several interesting cases were reported by some of the doctors present and discussed by the society, and immediately thereafter an election of officers took place with the following result: President, Dr. J. A. Lucy, Georgetown; Vice-president, Dr. George M. Ockford, Lexington; Recording Secretary, Dr. S. M. Worthington, Versailles; Corresponding Secretary, Dr. C. P. Meredith, Eminence; Treasurer, Dr. J. A. Van Sant, Mt. Sterling; Board of Censors, Drs. A. L. Monroe, Louisville, H. C. Kasselmann, Midway, O. H. Buck, Paris; Auditors, Drs. J. T. Van Sant, Paris, H. C. Kehoe, Cynthiana, W. M. Daugherty, Corinth. Bureaux were appointed to prepare papers for the next annual meeting, with the following chairmen: Materia Medica, Dr. A. L. Monroe, Louisville; Clinical Medicine, Dr. J. C. Welch, Nicholasville; Obstetrics, Dr. T. H. Hudson, Frankfort; Gynecology, Dr. W. M. Dougherty, Corinth; Diseases of Children, Dr. H. W. Bewlay, Lexington; Surgery, Dr. M. Dills, Carlisle; Sanitary Science, Dr. O. H. Buck, Paris. A Committee on Legislation was also appointed, consisting of Drs. H. C. Kehoe, D. Gober, J. T. Van Sant, C. S. Holton, and George W. Righter. After some further business and discussion, the society adjourned to meet in Lexington on the third Wednesday in May, 1887.

THE CYCLOPÆDIA OF DRUG PATHOGENESY.—The following letters, which explain themselves, merit the attention of all American homœopathic physicians:

This publication, embracing every drug that, in deliberate proving or clear cases of poisoning, has shown its power to impress the healthy human organism in definite ways, so as to become useful under the application of the homœopathic principle, will be pushed forward to completion as rapidly as the research and critical care necessary will admit. When the four volumes are finished, they will exhibit the story told by each drug, as to its power to vary the health conditions of man from the normal standard, aside from theories and all doubts as to truthfulness.

The rules agreed upon by the American Institute of Homœopathy and the British Homœopathic Medical Society for editorial guidance, in the preparation of the *Cyclopædia*, are being carefully followed.

The offer made by the American Institute, through its treasurer, to those subscribing for single volumes or the entire work, is more favorable than can be had by individuals even from the publishers in London.

J. P. DAKE, M.D.,
American Editor.

July 22d, 1886.

NEW YORK, August 1st, 1886.

DEAR DOCTOR: At the late meeting of the American Institute of Homœopathy, at Saratoga, the treasurer was instructed to continue the subscription for 400 copies of the *Cyclopedia of Drug Pathogenesis*, to the close of that publication, and to take subscriptions from the members of the Institute for single volumes, or for the three volumes necessary to make a full set.

In accordance with such instructions I would now give notice, that I am ready to receive subscriptions, accompanied with the money, on the following terms:

For Volume II., in four numbers,	\$ 2.80
For Volumes II., III., and IV., four numbers, each,	8.40
For the entire work, four large volumes,	11.00

The numbers will be mailed from London, as heretofore, as fast as printed, to the address of each subscriber, without charge for postage.

Subscribers for Volume I. will shortly receive Part 4, if not already in hand when this circular comes.

Send the money in draft on New York, or in postal order, to

Yours truly,

E. M. KELLOGG, M.D.,

Treasurer,

117 West 42d Street.

OBITUARY.

DR. ROLLIN R. GREGG.

Dr. Rollin R. Gregg died at his residence in Buffalo, N. Y., after a lingering illness, on August 4th. He had had several attacks of sickness during the past few years, his strength of constitution never having been equal to the demands his practice made upon it, so that his life has been a succession of struggles with disease.

Rollin Robinson Gregg, M.D., was born in Palmyra, N. Y., August 19th 1828, and removed with his parents to Adrian, Mich., when five years old. He began the study of medicine in 1849, with Dr. Rufus Kibbe, the family physician, an allopathist. In 1850, he went back to Palmyra, and began the study of homœopathy with an uncle, Dr. Durfee Chase, and took courses of lectures in the homœopathic colleges in Cleveland and Philadelphia, graduating from the latter college in March, 1853. In May, 1853, he removed to Canandaigua, N. Y., where he practiced medicine in partnership with Dr. Lyman West, until 1861, when he came to Buffalo. His ability as a physician and a writer soon gave him local and national prominence. In 1869, he established a medical journal called the *Homœopathic Journal*, which he edited for two years, when he was obliged to discontinue it on account of ill health. He was the author of *An Illustrated Repertory*, and *A Treatise on Diphtheria*, the latter of which has met with a large sale. He was a contributor to many medical journals, was senior member of the American Institute of Homœopathy; member of the Erie County Homœopathic Medical Society; New York State Homœopathic Medical Society; Homœopathic Medical Society of Western New York; Homœopathic Medical Society of Central New York, and the International Hahnemannian Association, of which he was president in 1885. He was a plain, unostentatious man, an indefatigable student giving his time to thought rather than to show, extremely conscientious in his practice, rigidly carrying out his convictions of what was best for his patient's welfare, regardless of every other motive, and may truly be said to have given his life for others.

OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green Streets, Philadelphia.

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THE HAHNEMANNIAN MONTHLY.

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Original Department.

PARTIAL PROVINGS OF NITRATE OF SANGUINARIA.

BY WM. OWENS, M.D., CINCINNATI, OHIO.

NITRATE OF SANGUINARIA is obtained from the *Sanguinaria Canadensis*. A watery extract of the root is made. This is then acidulated with sulphuric acid, after which the Nitrate of Sanguinaria is precipitated by the addition of dilute nitric acid. It is then washed in pure water, dried and pulverized.

Physical Properties.—Nitrate of Sanguinaria is a fine reddish-brown powder, having a pungent acrid and bitter taste. It is inodorous and sparingly soluble in alcohol, ether, water and oils. When applied to delicate mucous surfaces, it acts as an escharotic. If moistened and applied to the skin, it will in a short time cause the formation of pustules.

Partial Provings.—*First proving*, by Miss S. G. W., a healthy young woman, aged 23 years. She had fair complexion, light hair and blue eyes. On November 16th, 1877, at 10 A.M., she took one grain of Nitrate of Sanguinaria and repeated the dose every four hours until four doses had been taken. The following symptoms were observed: In half an hour after taking the first dose, she described a burning sensation in both nostrils, attended by a watery mucous secretion. In a few minutes, pains were felt in the left eyeball, which soon extended to the left side of the head, with drawing in the left temple. A sensation of roughness was felt upon the tongue with bitter taste. At 12 M., the discharge from the nostrils had increased, and was attended by frequent sneezing. The burning extended into the forehead, the eyes were suffused. There was redness of the lids and conjunctiva, and

tears flowed down over the right cheek. At 2 P.M., she took the second dose. This was immediately followed by bitter taste and sensation of roughness upon the tongue, as if burned or scalded, or as if pepper had been taken; burning in the nostrils, pain in the eyeballs with soreness, aching and pressure in these organs. There were also heat and tension behind the sternum and tightness of the chest, inducing a short hacking cough. Occasionally, she would raise a little thin, frothy, tenacious mucus. This was attended by burning in the œsophagus and stomach. At 6 P.M., she took the third dose. Watery and mucous coryza was soon increased, as was also the burning throughout the air passages, œsophagus and stomach; sensation of goneness, pain in stomach and abdomen, as if diarrhœa was about to appear. At 10 P.M., she took the fourth dose. The catarrhal symptoms had somewhat abated; the watery discharge still remained, with sense of dryness in the throat; the cough became harsh, with rawness and soreness in throat and chest; scraping, raw sensation in pharynx; she belched putrid-smelling gases, though she had eaten nothing since breakfast. She says she passed urine freely nearly every hour during the night. The total quantity passed was twenty-eight ounces, and upon standing, it deposited a white sediment. She had frequent rumblings and sharp cutting pains in the bowels during the night, as if discharge of stool or flatus would occur. The accumulated mucus obstructed the nose and bronchi, and this on moving about in the morning, became detached and was expectorated. It was thick in character, of a yellowish color and sweetish taste. This continued throughout the day in association with a sensation as of great dryness in the nose and throat. On November 15th, she still raised the same kind of mucus. At times during the day, she expectorated large quantities of mucus. This continued for eight days, when it gradually subsided. Slight dizziness continued during most of the time.

Second proving, by J. H. W., aged 44 years, a stout healthy man of bilious temperament. On December 12th, 1877, he took two doses of Nitrate of Sanguinaria. At 10 A.M. he took the first dose, consisting of one grain of the third decimal trituration of the drug, dry on the tongue. This produced the following symptoms: Bitter taste in the mouth, slightly acrid burning extending to the root of the tongue. In fifteen minutes, he felt fluent mucus trickling from the right nostril. He soon afterward felt a pain in the right eyeball extending to the supraorbital region. This pain was of a sore aching

character. This soon extended across the forehead and even down to the root of the nose. Watery mucus now flowed freely from both nostrils. Violent sneezing was repeated every few minutes with profuse lachrymation, dimness of sight as if looking through gauze or mist. He rubbed his eyes frequently as if to remove something. There was redness and soreness of the inner canthi. The eyes felt as if swollen; tears flowed over the cheeks. In four hours, the secretions from the eyes, nose, mouth and throat had greatly increased, and there were heat and burning in the mucous membranes of these parts associated with thirst. At 2.30 P.M., he took the second dose. It was soon followed by a bitter acrid taste, roughness, dryness and constriction of the throat, which passed off in about twenty minutes, and was followed by a profuse flow of saliva, by a mucous flow from the nostrils, and by frequent sneezing, burning in the nostrils and lachrymation. He also experienced pain in forehead at the root of the nose; aching and soreness of the eyeballs, worse on pressing or rubbing them. The pain was worse on the left side of the head and through the left temple. There was also slight aching of the head with soreness of the scalp. One hour after taking the second dose, the nose felt obstructed, with soreness, rawness, and roughness in the right tonsil. The throat became painful with difficulty in swallowing; roaring in right ear, with difficulty in distinguishing sounds in that ear; catarrhal feeling in the throat marked. At 9.30 P.M., he took the third dose. He experienced bitter acrid burning sensation in the mouth; sensation in the nostrils as if he had taken strong horse-radish, causing tears to gush from the eyes, which soon became blurred, as if a film of thin mucus was spread over the pupil. The mucus from the nose became thicker, assuming a yellow color. He complained of the throat feeling very uncomfortable. He retired at about 10 o'clock, but says that he slept poorly, as he was restless, feverish, and irritable. He thought that the soreness in the throat felt like that of diphtheria. He arose at 2 o'clock and had his wife examine the throat to see if there was not a diphtheritic membrane there. She could discover nothing but some red irritable-looking spots spread over the pharynx. In the morning, he raised a large quantity of thick, yellowish, sweetish-tasting mucus. This continued all day. The sore throat diminished toward evening. In six days, he was well, but would not repeat the proving, as the drug made his throat feel so badly.

The third proving was made by C. J. S., a man of twenty-

eight years of age, having dark complexion and brown eyes. He had always lived in the East, but not near the sea shore. He had variola at the age of twelve years, and was deeply pitted in consequence. Previous to that illness his health had been poor, but now it is much better; in fact, he says it is perfect. On November 24th, 1878, at 10.30 P.M., he took five grains of the third trituration of Nitrate of Sanguinaria. He sneezed twice within ten minutes. A short time thereafter, he felt watery mucus trickling down left nostril. He was then lying upon his left side. He also experienced burning in left nostril. He felt very irritable, and unable to compose himself; he could not go to sleep. In about one hour, the burning had returned to the right nostril, forehead and both eyes, with smarting in the eyes, and tendency to lachrymation; the gaslight seemed very painful to them. These symptoms were relieved by sneezing; he sneezed several times in succession; it seemed to him that he was taking cold; the right nostril discharged watery mucus one hour and forty minutes after taking the medicine. He now felt a sensation of fulness, heat, and burning though the nasal passages. Went to sleep between 12 P.M. and 1 A.M., but awoke at 3 A.M., with great pressure, heat, and fulness in the forehead, extending to the root of the nose; he felt restless until morning. When he arose, the nose was plugged with a large accumulation of mucus, which, on moving about, became detached, and was discharged; it looked like thick, yellow matter; that from the right nostril was tinged with blood; mucus of a thick yellow character, continued to discharge for two days, gradually subsiding, a sensation of soreness and rawness, with a stiff sore feeling in the soft palate, was felt in the posterior nares for several days.

An examination made on the second day, showed a swollen and elongated uvula, with redness and cedema of the border of the soft palate. The upper part of the posterior wall of the pharynx was of a bright red color.

The following are a few cases treated with the Nitrate of Sanguinaria:

CASE I.—Mrs. B., widow, aged 55 years, of light complexion, and catarrhal constitution, has always been the subject of a chronic cough, which was much worse in winter, and was aggravated by slight exposure. She has been my patient for a number of years; her attacks of cough frequently last from five to seven or eight days, and have usually been attended with severe asthmatic sufferings, gastric catarrh, loss of appetite, and

great tenderness in the epigastric region. Conium, Causticum, Hepar, Sulphur, or Phosphorus usually brought relief.

On October 26th, 1878, she was seized with severe catarrhal symptoms, as sneezing, burning in the nostrils, forehead and throat, watery discharge from the nostrils, and irritating, dry, and hollow cough. I dissolved Nitrate of Sanguinaria, third decimal dilution, 20 drops in six ounces of water, and gave her two teaspoonfuls every half hour. At 9.30, she had taken seven doses, and was quite relieved of her asthmatic suffering, pain in forehead, burning in the nostrils and throat. The next morning, she got up and attended to her household duties as usual. She said that it was the most speedy relief she had ever experienced. She now says that she has many times used this medicine and always with the same result.

CASE II.—T. B., merchant, aged 40 years, of dark complexion; he has chronic post-nasal and pharyngeal catarrh, chronic bronchitis and laryngitis; his voice (which was greatly altered) had a hoarse, rough, hollow sound, as if he was speaking from the chest, and with great effort; he had severe pressure behind the sternum most of the time. He had lost eighteen pounds in weight within a year. He had been affected thus for eight years past, and had been treated by various physicians in Cincinnati, Philadelphia, and New York, using inhalants of various substances; he had employed tartar emetic and croton tiglium ointments over the chest, without permanent benefit; he seldom raised anything except small lumps of gray mucus.

In New York, he was advised to go to the pine regions of the South, particularly to Florida. He spent two winters on the St. John's River, with some benefit, but the trouble returned again when he came North. Through the influence of friends, he was induced to try homœopathy.

Nitrate of Sanguinaria, sixth decimal trituration, was given, one grain every two hours. In one week, he reported that his throat felt better, and that there was more moisture in it than there had been for two years past. There was marked improvement in the voice; in ten days he received his third prescription same as before, taken every *four* hours. Improvement was observed by all. At the end of ten weeks, he had gained six pounds in weight, and felt stronger and better than for five years past; his voice was better, but it had not yet improved in proportion to the other symptoms. In sixteen weeks, he reported himself a well man.

CASE III.—Mrs. S., a city missionary, aged 49 years, has

been much exposed to severe weather ; she is the daughter of one, and sister of two allopathic physicians ; she was prevailed upon to try Nitrate of Sanguinaria ; she had a constant hacking cough, raw, sore feeling in the throat, sore, aching sensation behind the sternum, coryza, and constant irritation about the throat. Her occupation required her to talk a great deal under exposure. I gave her one grain doses of the sixth trituration every two hours, and directed her to avoid exposure, and in ten days she was relieved. By using the medicine occasionally, she was enabled to continue her occupation the entire winter.

CASE IV.—O. W., aged 55, subject to frequent attacks of cold, which usually affected the head and bronchi. On January 20th, 1878, he contracted a severe cold, from a long drive in an open buggy ; he had coryza, throat raw and sore ; sore and lame feeling all over ; copious discharge of mucus from nose ; sneezing and lachrymation. On the morning of the 21st, he had soreness all over ; marked tickling in throat, but his cough, at first of a short, hacking character, became violent and convulsive. I gave him Belladonna and Drosera every half hour, but it was with little effect. On the 22d, I gave Nitrate of Sanguinaria, sixth decimal trituration, every two hours. In four hours, copious perspiration appeared, with frequent sneezing, and the cough became loose. On January 23d, soreness in the throat on awaking ; his sleep had been restless. He also had constriction of the throat, difficult swallowing, tension across the chest, which seemed to radiate from the centre of the sternum. Nitrate of Sanguinaria, sixth decimal trituration, was given every hour. In one hour, he had copious discharge of mucus from the nose, followed by moisture and relaxation of the constriction across the chest ; he raised mucus freely, and this was yellow, and had a sweetish taste ; this continued all day ; he slept well that night, feeling quite well in the morning, and by next morning, was entirely relieved.

Dr. B., of Grand Rapids, Mich., writes me that he has entirely relieved four cases of acute naso-pharyngeal catarrh with a single prescription in each case. No symptoms were given.

H. C. A., M.D., Ann Arbor, Mich., relates the case of Dr. —, of Toronto, Canada, who had hay fever, which was cured by Nitrate of Sanguinaria (potency not given). The leading symptom indicating its use, was a sensation as if a veil were drawn across the upper part of the face, the patient

continually making an effort to remove it by brushing it away.

Dr. G——, of I. T., of Pa., writes: "Your provings of Nitrate of Sanguinaria, fit my case of 'hay fever,' of which I have been a victim for many years. . . . It always commences with me as the grapes begin to change, and this year, it came on in full bloom on the 21st of August. . . . I have a sensation of cobwebs across the nose, which I am constantly attempting to brush away. . . . My nose feels large, and has a tingling sensation. The mucous membrane is very sensitive to cold air; light aggravates the symptoms. When I get out of bed in the morning, the agony commences; repeated sneezings; copious discharge of mucus from the nose, sometimes lead-colored; water only discharged, and this makes everything sore; sometimes it is ropy, and has a salty taste."

Dr. G. writes to me, under date of October 26th, 1879: "I used your Nitrate of Sanguinaria. I began as soon as I got it, and am sure I was much benefited by it."

And, again, June 16th, 1880: "Please send me enough of Nitrate of Sanguinaria to cure me. I will give it a fair chance." At Brighton Beach, in 1881, Dr. G. formed my personal acquaintance, and informed me that the last year was the first one in twelve, that he had escaped hay fever.

Dr. F., of G., Indiana, writes me, August 23d, 1879: "Dear Doctor, I have been induced, by one of your graduates at Pulte College, to try Nitrate of Sanguinaria, for my hay fever. I am an allopathist by education and practice, but if you have a medicine that will cure hay fever I want it. It always begins about the middle of August, with short, dry, hacking cough, the next day the nose and eyes discharge a clear, watery mucus, the eyes burn and itch intolerably; I could almost rub them out: the secretion from the eyes and nose has a sticky, pasty feeling to the fingers; symptoms are worse in the morning, and better after 10 o'clock; in the afternoon, hacking cough returns again with a feeling as if breathing fumes of sulphuric acid, flatulence, and rumbling in the bowels, all of the time." . . . Medicine was sent, with a request to report result.

On October 9th, 1879, Dr. F. writes: "I am much relieved, but we had slight frost last two nights. I think your medicine helped me greatly."

June 13th, 1880, Dr. F. wrote for more Nitrate of Sanguinaria, saying that he would begin in time this year. Dr. F. accompanied me to the Deer Park meeting of the Institute, in

1884. He stated that there had been no return of the hay fever, and that he had taken no other medicine. I would beg leave to state that I have not at any time recommended this drug for hay fever. This makes the voluntary testimony all the more valuable.

THE NEED OF AN INTERNATIONAL HOMŒOPATHIC PHARMACOPŒIA.

BY JOHN M. WYBORN, F.C.S., LONDON, ENGLAND.

(Read before the International Homœopathic Convention at Bâle.)

THE advantages of simultaneous research and international exchange of thought have been amply illustrated during the present century by the progress of the exact sciences, and I venture to assert that in no department of science, are such means more beneficial than in that in which the physician is interested.

As in chemical analysis, however, the reagents employed must be pure or the results of investigators may differ, so in therapeutics, the remedies used should be identical, or different conclusions may be arrived at. Hence the importance in therapeutical researches of having the remedies prepared according to one and the same method throughout the civilized world, and of securing those processes which will yield the same products under varying circumstances.

To meet the requirements of the homœopathic physician, then, it is important that there should be an International Homœopathic Pharmacopœia—one approved by the homœopathic pharmacies of all nations, and revised from time to time.

A permanent committee of revision should be established, and each member should make notes of all new discoveries, improvements which suggest themselves, and the like, and submit them for the consideration of an International Convention, and those approved of might be incorporated in subsequent editions. Such revision might be made quinquennially or otherwise as agreed upon.

The chief points in which uniformity of pharmacy should be aimed at are—(1) In securing the purity and identity of all ingredients used; (2) in admitting only the same kind of impurities in chemical substances where such are unavoidable; and (3) in maintaining a standard strength of mother tincture, or at least of the first decimal attenuation of all animal and vegetable substances.

(1) The reasons for the first point are so numerous and

obvious when uniform results are desired, that I need not enlarge upon them.

(2) With regard to the unavoidable impurities in chemical substances, it should be borne in mind, especially by those who maintain the theory of potentization, that impurities in drugs are always potentized to a higher degree than the drugs themselves.

For example, if the drug contain only .001 per cent. of foreign matter, such impurity in the first decimal attenuation will have reached the proportion of 1 in 10,000, and in the first centesimal 1 in 100,000, corresponding in drug strength to the fourth and fifth decimal attenuation respectively, and so on upwards.

As regards some of the impure substances which have been proved, one is inclined to believe it possible that the impurities, and not the substances named, may have given rise to the symptoms produced, or at least that the former may have modified the action of the latter to such an extent that, should such preparations vary in this respect, their beneficial action may be lost even when a perfectly pure drug, alone entitled to the officinal name, is employed.

Under this category, may be mentioned *Bismuth*—which has been said to owe its virtues to the *Arsenic* formerly associated with it—and *Lapis albus*, which contains the ores of several metals. It may also be fairly assumed that the *Bromine* used in the early provings of that drug was largely contaminated by its chlorides—compounds separated from it with difficulty; and such admixture may have given rise to the varied statements of chemists as to the boiling-point of *Bromine*, ranging, as such statements have done during recent years, between 113° F. and 145° F. (or from 45° C. to 63° C.).

Now it often happens that the traces of impurities found in analyzing a chemical preparation indicate the process by which it has been obtained, and hence the possibility of giving in a pharmacopœia suitable tests to detect a deviation from the officinal process.

(3) The third feature—the maintaining of a standard strength as a starting point of attenuation—is of fundamental importance, and the reasons for it are strengthened by the fact that in clinical records of cases treated with low potencies much misunderstanding may arise as to the exact doses employed in procuring the results published so long as various methods of preparation exist among pharmacists of different countries for want of some authoritative pharmacopœia.

That such differences do exist, will be seen from the following table, showing approximately the possible variation in strength of several important mother tinctures of fresh plants, selected as examples of preparations made according to the British, American and Polyglot Homœopathic Pharmacopœias respectively, from plants grown in dry and in wet seasons, and consequently containing *minimum* and *maximum* quantities of water.

Name.	Loss in Drying.	Strength of Tincture.			
		In Dry Seasons.		In Wet Seasons.	
		British Homœopathic Pharmacopœia.	American and Polyglot Pharmacopœias.	British Homœopathic Pharmacopœia.	American and Polyglot Pharmacopœias.
	Per cent.	gr. m.	gr. m.	gr. m.	gr. m.
Aconitum napellus.	70 to 78	1 in 10 {	1 in 5.6 or uncertain	1 in 10 {	1 in 8 or uncertain
Agaricus muscarius	92 " 94	1 " 24	1 in 47	1 " 33	1 in 63
Belladonna.....	86 " 89	1 " 13	uncertain	1 " 17	uncertain
Bryonia (dioica)...	70 " 85	1 " 10	"	1 " 12	"
Conium maculatum	74 " 77	1 " 10	"	1 " 10	"
Digitalis.....	78 " 88	1 " 10	"	1 " 15	"
Dulcamara.....	78 " 80	1 " 10	"	1 " 10	"
Hyoscyamus.....	79 " 84	1 " 10	"	1 " 11	"
Sabina.....	45 " 51	1 " 10	1 in 6	1 " 10	1 in 7
Scilla.....	70 " 79	1 " 10	1 " 12	1 " 10	1 " 17

Under the heading "Strength of Tincture" the figures express the number of *minims* which are equivalent to as much of the fresh plant as would represent *one grain* if dried.

It will be observed that in the case of *Agaricus* it is possible that the British tincture may be as strong as 1 in 24, while the American or that of the Polyglot Pharmacopœia may be as weak as 1 in 63, or little more than one-third the strength; in several instances, while the tincture of the American or Polyglot Pharmacopœia varies considerably, the British is constant in both dry and wet seasons; and finally, in many cases, while the former tincture is always of uncertain strength, the British is definite, and varies only slightly with one exception.

As examples of variable 1x attenuations, I may mention that *Aconitum* 1x (if not of uncertain strength, as when an alternative process, suggested in the American Pharmacopœia,

is followed) would vary between 1 grain in 28 minims and 1 grain in 40 minims; *Agaricus* 1x between 1 in 78 and 1 in 105; and *Scilla* 1x between 1 in 20 and 1 in 27; while the British preparation of each would be 1 in 100, as before stated.

Thus the *American Homœopathic Pharmacopœia*, compiled and published by Messrs. Boericke and Tafel, and augmented by Dr. O'Connor (1883), gives the following proportions of measure and weight in the preparation of tinctures of vegetable substances, which are divided into four classes:

Class I.—Equal parts by weight of the expressed juice and of alcohol.

Class II.—Two parts of alcohol added to three parts of fresh plant, or part thereof.

Class III.—Two parts by weight of alcohol to one part by weight of fresh plant, or part thereof.

Class IV. (which includes dried vegetable and animal substances, and also fresh animal substances).—Five parts by weight of alcohol to one part by weight.

The drug powers of these tinctures are said to be $\frac{1}{2}$, $\frac{1}{2}$, $\frac{1}{6}$, and $\frac{1}{10}$ respectively, and either 2 or 6 minims are diluted to 10 minims to form the 1x potency of the first three classes, while the preparations under Class IV. are at once tinctures and 1x potencies.

Thus the strength of the first three classes of mother tinctures and attenuations varies with the seasons—the *juice*, and not the dried substance, being taken as *zero*, whether the former be abundant and weak or scanty and concentrated, while in tinctures prepared according to Class IV. the dried substance is taken as the starting-point of attenuation.

In the *Pharmacopœia Homœopathica Polyglotta*, by Dr. Schwabe, of Leipzig—published in five languages (1880)—the proportions and processes for tinctures of vegetable substances appear to be almost identical with those just described. But here the reason for representing a tincture of a dry plant prepared by means of five parts by weight of strong alcohol as having a drug power of $\frac{1}{10}$ becomes apparent, since it is remarked that 200 drops of strong alcohol or 100 drops of distilled water are assumed equal to 100 grains, and hence 10 drops or half-grains (not minims) of the tincture would contain the soluble matter of 1 grain.

At the same time aqueous solutions are directed to be made in the proportion of 1 grain to 9 grains (*i.e.*, about 10 minims), the drug power being still stated at $\frac{1}{10}$.

Alcoholic solutions of two parts by weight of the medicinal

substance in 9 parts by weight, or 1 grain in 9 drops, are considered $\frac{1}{10}$.

On the contrary, in the American Pharmacopœia these are made of the strength of 1 grain to 9 grains, *i.e.*, 1 grain in 20 drops, and the amount of drug power of the solutions is still designated $\frac{1}{10}$, though these preparations have only half the strength of the last described.

The methods pursued by pharmacists of different countries also vary.

Some pharmacists obtain many of their fresh plant tinctures by merely mashing up the magma with alcohol and immediately pressing, without any idea of exhausting the plant or reducing the tincture to a standard strength—much in the same fashion and with as little utilization of scientific knowledge as a cook would prepare a horse-radish sauce—while the rest are chiefly made by maceration with occasional shaking for eight days. Others use the latter process during fourteen days, and others again adopt percolation and maceration combined.

The plan on which the *British Homœopathic Pharmacopœia* has been built up, has for its objects, in addition to the identification of all substances concerning which any doubt existed, and the supplying of good practical tests whereby the identity and purity of each medicine could be ascertained, the preparation of tinctures containing all the soluble ingredients of the substance employed, uniform in drug power, and of a fixed alcoholic strength.

In endeavoring to attain these objects, all theoretical or disputed questions have been avoided, and only such characters and tests have been given as are, to a great extent at least, distinctive and necessary, while those of a less important nature, which can be readily ascertained elsewhere, have been omitted, thus giving prominence to all which are essential.

In the case of most chemical substances in which some traces of impurities necessarily exist, the source of the substance used in the provings and the particular mode of preparation have been indicated, so as to ensure the absence of unusual impurities. And in cases where commercial drugs have been authorized, the source and the process of preparation followed at the date of their introduction have, where possible, been recorded.

In the preparation of tinctures of fresh plants, the complete solution of all soluble matter is accomplished by varying the alcoholic strength to suit the nature of the ingredients in each plant, using a very dilute spirit where the ingredients are

chiefly soluble in water, and a strong spirit where alcohol is the best solvent; also by using a sufficient quantity to insure the complete exhaustion of the plant.

With these ends in view, spirits of six different densities are provided.

"In every instance, the dry crude substance is taken as the starting-point whence to calculate the strength, and, with very few exceptions, the mother tincture contains all the soluble matter of 1 grain of the dry plant in 10 minims of tincture."

Directions are given for ascertaining the quantity of moisture contained in the fresh plant, and a series of tables by means of which the pharmacist can calculate the exact quantity and strength of spirit which he has to use in the case of each medicine, allowing for the water present in the plant, which mixes with and dilutes the spirit employed in making the tincture to the standard alcoholic strength decided upon.

"By careful attention to these tables, uniform products may be obtained from all plants, notwithstanding their variable-ness of moisture, and also by diluting the matrix tinctures with a spirit of the same strength, dilutions may be always made of the same medicinal value."

In *all* instances the drug power of the British tincture is known with certainty, and therefore the 1x attenuation can always be made of a uniform strength—*i.e.*, 1 grain in 10 minims.

Where no special method is laid down, all medicines are directed to be prepared according to one of three processes, as follows:

Process I.—By slow or interrupted percolation.

Process II.—By maceration previous to percolation.

Process III.—By maceration alone.

Juicy plants are pressed before percolating them with alcohol, so as to remove the greater portion of their albumen, and to prevent its coagulation in their tissues, by which an obstruction would be caused to the action of the spirit.

All aqueous solutions, whether acids or salts, are also directed to be made of the strength of 1 grain in 10 minims.

Triturations are prepared as directed by Hahnemann or Gruner with some slight modifications.

That these measures are sufficient to ensure a fair degree of uniformity appears more than probable.

Doubtless much variability occurs in the alkaloidal strength of plants grown in different situations and at different times, but this is a difficulty which no adequate means have yet been

taken to adjust. The compilers of the *British Pharmacopœia* (of 1885) have indeed made an effort in this direction by ordering the estimation of the total alkaloids and the reduction of the tincture or extract to a standard alkaloidal strength; but, taking *Nux vomica* as an instance, the nut of one year's growth may contain a large excess of brucine and loganine, while the powerful alkaloid strychnine may be associated with them in deficient proportions, yet making up an excess in the aggregate, and to reduce the total alkaloidal strength to a standard under these circumstances would be to weaken the active properties of the preparation.

If, however, a perfect representative of the plant or drug be secured, as it may readily be by the adoption of the means set forth in the *British Homœopathic Pharmacopœia*, a degree of accuracy and certainty may be attained sufficient for all purposes, and the advantages to all concerned, if this be so, will be great. In all countries investigators will in future at all times be dealing with known quantities under one and the same designation, and may look for uniform results from identical experiments—an acquisition which could scarcely be expected in a great number of instances as matters now stand.

One of the chief errors of the American and Polyglot Pharmacopœias is that which recognizes the mere watery juice of the fresh plant as officinal, omitting from the preparation all substances soluble only in spirit.

In justification of this course, it is sometimes stated that the juices of plants have been used in the provings; but this is true only in the most limited sense, for the fact is, many of the symptoms of the provings have been obtained from the plants themselves or their flowers, roots, etc., having been eaten by mistake or otherwise, and these have, in all probability, contained medicinal substances insoluble in water but soluble in alcohol.

In other cases, the quantity of menstruum used is too small to exhaust the drug, and should it, like *Nux vomica* and *Opium*, contain several alkaloids—some readily soluble, others sparingly so—those of the former class would all be extracted, while those of the latter would be partly left in the marc, and the operator would fail to obtain a true representation of the drug. However finely pulverized, *Nux vomica* cannot be exhausted by five parts by weight of alcohol of the strength given in both the American and Polyglot Pharmacopœias, as will be discovered on tasting the marc after pressure, and further percolation with sufficient spirit to wash it. Likewise with

Opium—a large proportion of the less soluble ingredients will be left in the marc after treatment as directed in these works.

Another source of incomplete exhaustion is the mixing of strong alcohol with some juicy plants reduced to pulp without previous pressure, by which the albumen becomes coagulated, and hinders the action of the alcohol in which they are merely macerated. The pharmacopœias of Grûner and Jahr—still much used in Germany—while directing a more perfect method of exhaustion in some cases, yet fail in other respects. All these errors may be obviated by the adoption of the British methods before described.

The facts which I have narrated afford very strong evidence that many advantages would arise from their general use.

These methods have long had the sanction of the British Homœopathic Society, represented by the late Drs. Quin and Madden, and by the worthy editor of the last two editions of the Society's Pharmacopœia—Dr. Drury. That indefatigable worker, Dr. Richard Hughes, has scrutinized and concurred in this work, in addition to having added largely to its articles. Other pleas might also be urged for them, but enough has been said to render superfluous any further remarks of mine.

Let the British Homœopathic Pharmacopœia, then, be submitted for the approval of the American Institute of Homœopathy as a *basis* for an *International Homœopathic Pharmacopœia*, to be rendered more complete hereafter. Should this Association be disposed to adopt it, one great step will have been made towards its acceptance by similar societies of other nations, who may be induced to translate and improve it. It will then be highly improbable that a medical practitioner in America or elsewhere, seeing a case recorded in an English journal in which it has been found advantageous to prescribe *Aconitum* 1x, and desiring to follow the same treatment, will administer to his patient a preparation of this powerful drug three or four times the strength, though bearing the same label—as might very easily happen at present. The existing inconsistencies will be avoided, and so shall we have the uniformity of pharmacy, the advantages of which I have endeavored in this paper to point out. Our literature will record the results of investigations with known instead of unknown or uncertain agents. The calculations of our therapeutists will be based upon constants in place of unknown quantities. A nearer approach towards a settlement of the question of doses may be possible; and an additional stimulus will be given to the researches of pharmacists whose ambition

it is to improve their art and assist in its development. To suggest a departure from the processes of Hahnemann is to commit a serious offence in the eyes of some, and a mistake according to others; but I would reply that in Hahnemann's day, scientific fallacies were numerous and widely accepted without adequate examination, and that that great original thinker himself occasionally committed errors, though among all his enemies, he was foremost in discovering and admitting them.

HYGIENE.

AN ADDRESS DELIVERED BEFORE THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

BY M. ROTH, M.D., LONDON, ENGLAND.

WHAT has hygiene to do with homœopathy will probably be a question which many who attend this Congress will not fail to ask. I shall try to answer the question by quoting from Hahnemann's *Lesser Writings* a few extracts which prove that our great master believed that no homœopathist could perform any real cures without a knowledge of hygiene.

A short time ago, a distinguished London physician who has not much, if any, faith in the old drug cures, and no courage to study homœopathy, was so sincere as to proclaim publicly in an address to medical men at Birmingham, *that the very best mode of treating disease is by preventing people from being ill.*

At a time when the science of hygiene did not exist, we find Hahnemann insisting on the absolute necessity of exercise, open air, recreation, and cheerful society for the cure of diseases.

Long before Priessnitz, we find him lauding the virtues of cold water in the form of baths—whole, half, local and shower; and we find him not merely saying that the patient should take cold baths and have done with it, but giving the most precise instruction as to the circumstances in which cold bathing is indicated, as to the temperature of the water, and the degree and duration of immersion. He tells us how the power of the bath is to be gradually increased by increasing the coldness, and the degree and duration of immersion. In short, he lays down rules for the cold bath that we have never seen more precisely formulated in a modern hydropathic establishment.

We find in *The Friend of Health*, published about a hundred

years ago, and in the *Lesser Writings* of Hahnemann, many most important directions regarding the purity of air and water, the prevention of epidemics, and other hygienic instructions. Thus we find that he mentions many flowers, charcoal fires, dead bodies of animals, many lighted candles, the emanations of infectious diseases, of fruit and fish markets, of animal excretions, spoiled food, etc., as being among the injurious influences which spoil the purity of the air.

He speaks of the danger of infectious diseases, and gives advice on the construction of fever hospitals, prisons, nurseries, fish markets, butchers' shops; on the regulation of schools, workhouses, ships, paper mills, rag gatherers, dealers in old clothes; on the mode of drying ditches and constructing cess-pools; on precautions in dissecting-rooms, on the danger of burials in churches; further, on the diet and regimen of patients, and on the bad effects of coddling as well as of hardening the body too suddenly.

This list will suffice to prove the importance our great master attributed to the knowledge of hygiene, a knowledge which, in his time, was in its infancy.

I believe it, therefore, to be the duty of Hahnemann's disciples to study hygiene in all its branches, and to contribute to the progress of this most important science, and I hope that all homœopathists will agree that it is better to prevent disease than to cure it, even by homœopathic treatment.

Since the time of Hahnemann, and especially during the last thirty years, hygiene has made great strides, and in proportion to the increased knowledge of all pathogenetic causes will hygienic knowledge increase. Although hygiene is a necessary part of homœopathic treatment, it has a still more important task, viz., the prevention of disease by preserving the maximum of health, by physically developing every individual in the highest degree, and by removing all surrounding circumstances which can cause disease.

Thus, we have three great parts of hygiene, viz., PUBLIC, PRIVATE, and INDIVIDUAL.

Public Hygiene provides for the community pure air, pure water, pure light, clean, well-paved streets, good sanitary state in schools, churches, hospitals, workhouses, prisons, lodging-houses, large and small workshops, butcheries, bakehouses, chemical works and manufactories, and cemeteries.

Pure Air.—The widening of old streets, the piercing of new, the opening through passages in streets, the prohibition of all industries causing bad smells in towns or in their im-

mediate vicinity, the establishment of slaughter-houses, and the prohibition of slaughtering animals in private houses, the obligatory consumption of smoke in all industrial establishments, the introduction of charcoal filters in the gully-holes of the public drainage canals, the more general introduction of earth-closets, and the frequent removal of the contents of dust-bins containing decomposing vegetable and animal substances, are the principal means of preserving the purity of the air in towns.

Pure Air in the Country.—One of the most frequent causes of the impurity of the air in the country, in villages, and single farm houses, is the accumulation of manure in the immediate vicinity of habitations.

There is a good law in France, that the heaps of manure should be at a distance of at least fifty metres from the houses; but it is not carried out in practice, therefore cases of typhoid fever, various forms of ulcerated sore throat, and nausea, are not infrequent. The neglected removal of animal defecated matter from the stables which are in the immediate neighborhood of inhabited rooms in the same building, frequently spoils the best air in the country. Cesspools which are not cemented, and permit the percolation of liquid fecal matter, are an additional source of bad air, and of poisoned water when the pump is not a long distance from the cesspool.

Pure Water.—In towns, this cannot be procured from fresh water pumps, because infiltration from cesspools, drains, urinals, and from decomposed animal and vegetable matter can scarcely be prevented; therefore adjacent rivers are mostly the sources for procuring the water for drinking—but it is only too frequently the case that the fecal matter of the towns and villages situated at the higher parts of the river, and the residue of chemical and other manufactories are drained into the river, and, notwithstanding the repeated filtering through stone, sand and coal, the water still contains too large a proportion of organic matter, and thus causes disease; as long as the legislature does not interfere and insist upon the prohibition of mixing the water of rivers with fecal matter, there is no hope of obtaining pure drinking water from them; therefore it is most important that water should be brought from the nearest lakes or mountain rivers, or that artesian wells should be sunk.

Domestic Hygiene treats of all those conditions which favor health in our homes, as well as of those which injure it and predispose us to various acute and chronic complaints.

Amongst the favorable conditions, the first place must be given to the purity of the air, which should be constantly changed in the interior of the house by such a kind of ventilation as will uninterruptedly supply a sufficient quantity of fresh air without exposing the inhabitants to the injurious effects of currents of cold air. According to the season, the supply of fresh air must be a mixture of cold and warm air.

The system of ventilation introduced by our esteemed colleagues, Dr. Drysdale and Dr. Hayward, of Liverpool, is specially recommended to the notice of the Congress.

If any trade or industry is carried on in an ordinary dwelling house, it is absolutely necessary that all smells, impure gases, and injurious vapors should be eliminated as soon as they are produced, and at the same time the circulation and ventilation of the air must be accelerated in proportion to the rapidity of development and quantity of vitiated air which is more or less continually being generated.

Great attention is to be paid in every house to the state of the drainage, and to the drain pipes being so constructed that no sewer-gas can be admitted into the house.

All refuse, whether vegetable or animal, should be burnt in open fires, or, if permitted to accumulate in the dust bins, these must be emptied daily.

The water-closet arrangements should be so made as to prevent a return of noxious gases into the house, and should be placed outside the principal wall of the house.

The lumber rooms ought to be frequently cleaned, and the gas pipes constantly kept in the best repair.

In nurseries one or two glass panes should be constructed so as to admit a constant supply of fresh air.

In the bedrooms, no flowers or odoriferous substances, not many lights, no wet and soiled linen, nor any unclean vessel should be kept.

Beds should be free and without curtains, and the floor-carpets should not be fixed, in order that they may be frequently beaten and cleaned.

Accumulations of dust and dirt must be strictly prevented, and at least eight hundred cubic feet of space should be given to each person sleeping in the room, even when the top windows are at least one inch open during the whole night, and the fresh air ought to be constantly admitted without any draught.

In the choice of papers for bedrooms, all containing arsenic or chrome are specially to be avoided. Embossed papers with

an imitation of velvet cause much dust, and frequently injure the eyes.

The next requisite in a house is pure water. Consequently, there must not be any communication between the various cisterns, either directly or indirectly, and the drains or drain-pipes, especially not with the drain-pipe which rises above the roof of the house, and which serves for the ventilation of the sewers. Although we must suppose that the water brought to towns by the community itself, or by water companies, is really pure, all drinking water should be filtered through sponge, iron or coal filters. In this latter case, filters must be frequently washed and the charcoal renewed.

A good self-cleaning filter is still a desideratum; those I have named have hitherto been considered to be the best.

The highest degree of cleanliness must be kept up in all parts of the house, especially in kitchens where animal and vegetable substances are frequently found putrefying and causing extremely bad smells.

With regard to food, meat and milk supplied from tuberculous animals are to be avoided, because the proofs of the infection by food of this kind are increasing; and when animals have been for a long time suffering from tuberculosis, there is no doubt that the disease is transferable to men. Vegetables should be most carefully washed before being cooked or eaten raw, as the eggs deposited on them cause tapeworm and other parasites in men.

Light.—Light in houses is either natural or artificial; a large amount of natural light and no reflected light is most desirable, and therefore the window spaces should be in proportion to the height and width of the rooms.

Of the artificial modes of lighting, the electric light has the great advantage of not spoiling the purity of the air, as the light is enclosed in hermetically sealed glasses, and no heat is produced. Although at present this light is much dearer than other artificial ones, it is still the most hygienic to make use of, wherever the means for doing so permit.

Gas-light is the second best, if the gas is pure, and where the vapors caused by the gas are constantly carried away by large glass globes, into which a tube is inserted to carry away the noxious gases. Candle lights of margarine, paraffin, and wax, are preferable to those of tallow, or the various oils, such as petroleum, colza, and other vegetable and mineral oils.

Personal Hygiene is subdivided, according to the various ages of a single individual; we thus have the hygiene of the

new-born, of first infancy, of second infancy, of youth, adolescence, manhood or womanhood, middle age, and old age.

In infancy, as at all ages, pure air and water, cleanliness, appropriate food, and suitable dress, are the principal subjects to which attention must be directed. In infancy, especial attention must be paid to food, and the medical man's duty is to insist, wherever it is possible, on the mothers nursing their infants.

The more a medical man persuades a mother to nurse her baby, the more he prevents such a baby from being ill, and it should be an absolute aphorism that the mother's milk is the infant's best food.

Where the mother is unable to fulfil this important duty, a nurse should be chosen, and if circumstances prevent the engagement of a suitable nurse, cow's or ass's milk is to be substituted, but under no condition should any of the so-called infant foods containing starch or flour, be used; all of them must be considered as strange and unsuitable means for feeding a baby. Nothing can be better than milk, which is the only real and natural food, and nothing can be substituted for it. Many infantile diseases, but especially the dangerous diarrhœa which causes so large an amount of infant mortality, would be avoided if nothing but milk were used during the first year of an infant's life.

The dress of an infant should be arranged in such manner as to prevent its being turned to and fro; this is done by the dresses being made to open in front and one placed over the other, when the child, lying on its back, can be dressed without any further inconvenience.

The introduction of the aniline colors in articles of dress has caused irritation of the skin, and some other injurious effects, therefore magenta, violet and yellow colors should be absolutely rejected, especially in those articles of dress which are in immediate contact with the skin. At this period of infancy, rickety diseases are produced at an early age, either by want of good milk, by unsuitable food, or an additional unhealthy condition. The parents of such children are frequently drunkards or very poorly fed, live in humid and dark dwellings, and thus predispose their infants to rickets.

The study of the cause of rickets, which was pursued on a large scale first in Turin and afterwards in Milan, has proved that the disease can be prevented by suitable diet and regimen, and those who are interested in the subject are invited to visit

the school for the rickety in Turin, and the large institution in Milan known as *Il pio Istituto Dei Rachitici*.

Professor Gamba in Turin and Dr. Pini in Milan have the merit of having contributed considerably to the prevention and treatment of this disease. I may also refer to a pamphlet in which I have given an account of the Italian mode of treating this distressing complaint.

I have omitted to mention the inflammation of the eyes of the newborn, which is a disease still producing the largest percentage of blindness in all parts of Europe and America, and one which is due principally to the ignorance of mothers, of midwives, and even of medical men.

It is known that this disease originates mostly in an infectious discharge from the mother, and that it can be perfectly prevented, and in the first stages perfectly cured. The statistics of the Foundling Hospital in Vienna prove that in consequence of the necessary precautions being taken, amongst a thousand newborn infants, there are scarcely three or four affected with the disease, and these are usually soon and perfectly cured.

During the time of education, which is now obligatory in almost all civilized States, many children are exposed to various infectious diseases, as for instance, purulent inflammation of the eyes, ring-worm, whooping-cough, measles, scarlatina, small-pox, etc. Besides this, the children are more liable to have headaches, bleeding from the nose, high and round shoulders, flat chests, lateral curvature, bronchial and abdominal affections, irregular circulation, cold hands and feet, etc. Thus a new branch of hygiene originated under the name of School Hygiene, and Dr. Guillaune, of Neufchatel, in Switzerland, has the great merit of having first called the attention of the profession to the subject by the publication of his little book, *L'Hygiene Scolaire*, which is full of most useful suggestions relating to the situation and building of schools, their ventilation, warming and lighting, drainage and cleanliness, as well as to the furniture, duration of school hours and the position and health of the pupils. In fact, Dr. Guillaune must be considered the father of school hygiene, and the first and very able forerunner in this branch of science.

The school period, which lasts from the age of five or six years to 13 or 14, and in higher schools, colleges and universities, the age of 22 or 24, is the most important period of life, because body and mind are then in a state of evolution and development and it is absolutely necessary to prevent, during this

special period more than any other, all those influences which might interfere with the natural development of the body, while the most favorable surroundings should be chosen for the purpose of developing the maximum of bodily and mental health and strength; therefore physical education on a scientific basis should and must form an integral part of all school hygiene for the child, the youth, the adolescent, and for young men and women during the whole of their growth and while exposed to the injurious effects of school life. I can but repeat that school hygiene is still a progressive science, and we must hope that it will continue so for a long time if the unsanitary influences of school life are really to be counteracted.

In Brussels, practical school hygiene is carried out at the expense of a liberal municipality that prefers to spend more upon prevention than on cure. Dr. Jansens, who is at the head of the hygienic bureau of this city, has contributed considerable to the high state of its school hygiene. There are here not only medical school-inspectors who examine the school building, but who inquire into the sanitary state of each pupil at the beginning of the school year, and place the less healthy and weaker pupils under medical treatment during the whole time they visit the schools. At the end of the school year, a report is published of the sanitary progress of all these constitutionally weak pupils.

The medical inspectors have not only to attend to the persons of the pupils, but they have to find out whether they live in healthy dwellings and are provided with the food required for a growing child and youth. If necessary, the Bureau of Hygiene provides for the improvement of unhealthy lodgings reported to them, by obliging the house proprietors to make all necessary sanitary improvements, and in cases where the food obtainable by the children is insufficient, either charitable or municipal authorities are invited to assist in rendering it adequate. I need not add that the inspectors report also on the state of the school buildings and outhouses, on the drainage, lighting and warming, ventilation, furniture, daily temperature of the school rooms, the cleanliness of the closets, courts, stair-cases and passages, and any deficiency in the hygienic state is immediately corrected. A special oculist and dentist are employed for the purpose of attending the pupils. Brussels, at any rate, offers a very good model of the practical application of school hygiene, and medical visitors have there the best opportunities for studying this subject, and for enabling them to copy these excellent institutions in their own countries.

The Belgian Government has sent a commission to foreign countries for the purpose of studying the best modes of scientific physical education, and the so-called free exercises, that is exercises without any gymnastic apparatus, have been to a great extent introduced in the Belgian schools. As an old advocate of scientific physical education, I wish to impress especially my younger colleagues with the importance of this hygienic branch, and to express my sincere conviction that for the harmonious development of all parts of the human body, no gymnastic apparatus is required, and if I could persuade my colleagues of the truth of this statement, many of the accidents and consequent mischief which take place in so-called gymnasiums would be prevented. Unhappily, in the education of young medical men, the knowledge of the scientific application of movements for curative purposes is not taught, and practitioners who have some vague idea that movements are suitable in some deformities and certain diseases send their patients to an ordinary teacher of gymnastics, or so-called calisthenics, who, without any knowledge of anatomy, physiology, pathology or hygiene, applies indiscriminately, the same exercises to all his pupils. This reminds me of another prevalent abuse frequently occurring in practice, when professional men, having heard of the benefits of massage, but without any knowledge of the physiological and curative effects of the many manipulations of which massage consists, recommend their patients to any male or female "rubber" without giving any directions regarding the quality or quantity of the manipulations and of the time during which they are to be performed, and without any directions as to the parts, whether muscles, arteries, veins, or nerves, which should be acted upon. I hope to be pardoned for this short digression regarding the scientific use of hygienic movements and manipulations for curative purposes; I have done so in order that this branch of therapeutics may become an obligatory study in all homœopathic schools and colleges. Thus the adherents of the new school of medicine will have the additional advantage over their colleagues of the old school of being able to cure a number of complaints which medicines alone cannot cure. Another advantage will be that in all chronic disorders, they will be able to use besides medicine such means as will hasten the recovery of their patients.

Amongst the advantages of physical education in schools being an obligatory study, will be found the alternate occupation of mind and body, the influence of the mind on the body, the ease with which the body carries out the orders of the

will, the retarded development of the sexual organs, and the prevention of self-abuse are specially to be named.

During the last twenty years, a very important step has been taken in the interest of weak school and other children by sending them for a shorter or longer period to the seaside, to the country, to the mountains and into pine forests. As far as I know, the French were the first to take up the idea of erecting barracks on the sea-shore, where children of all ages are exposed to the refreshing influence of sea air and sea bathing, while they pass almost their whole time in the open air; the establishment at Bercq-sur-Mer and similar establishments in France and Italy have shown a remarkable influence and a great change to have taken place in the constitution and health of thousands of strumous and scrofulous children. As there are countries which have not the advantages of possessing sea-shores, the municipalities have to some extent supplied the desired health-restoring influence by sending children either to the country, and, where it is possible, into or near pine forests, or, as in Switzerland, have placed children for some time on the Alpine heights. The so-called holiday colonies of children who are sent to the sea-shore, into high Alpine regions and into the country, have hitherto been mostly provided by charitable societies, but it is desirable that the expenses for similar excursions should be defrayed by the various communities to which the children belong, and should form a regular part of the budget of public hygiene.

During the period of the development of girls, it is desirable to prevent their being bodily or mentally over-worked and thus to prevent the irregularities of the female functions.

At the time preceding all examinations in schools, colleges and universities, attention should be paid to the necessity for exercise in the open air, for interrupting prolonged studies by bodily exercise, and insure regular hours for meals and sufficient sleep. At these periods, the neglect of hygiene causes costiveness, headaches, giddiness, and often considerable loss of memory, irregular circulation, general fatigue, mental and bodily depression, which frequently prevent the student doing justice to himself in the examination, in consequence of his having overworked his brain. It is now an ascertained fact that myopia is artificially developed in all schools, and that the percentage amounts to 60 or 70 amongst students who have been to school from 7 to 8 years; we know that this defect can be, to a great extent, prevented, but as I cannot enter into details on this subject I refer my readers to the Prize

Essay of the Society for the Prevention of Blindness in London, in which Professor Fuchs has compiled a special chapter on myopia in schools. English, German, and French editions have been published. An Italian and Spanish translation of it will soon leave the press. I cannot here enter into the hygiene of the various professions and trades or of early married life, nor can I enter into details of the hygiene of the aged, and will conclude by advocating the introduction of fire-burial or cremation as a most hygienic measure for the population of all countries.

For the last few years, the ptomaine poisons developed during the process of putrefaction of animal bodies have been more minutely studied, and we know the injurious effects caused by animal decomposition, the exhalation of poisonous gases developed by the dissolution of animal bodies. We know the poisonous effects of water percolating the earth of cemeteries, we know that the poison of plague diseases among cattle and men are retained for many years by the earth in which the dead bodies of the victims of plagues have been buried, and that they remain injurious and infectious for a long time.

When we reflect upon the results of cremation, by which all parts of the body are burned and all noxious gases eliminated and destroyed, the great advantages of this mode of destroying the body, and that in a time so short as not to exceed an hour and a half, will be easily understood, especially when we compare it with the slow decomposition and putrefaction of the buried body, with its millions of insects, lasting for months and years and causing so much anti-hygienic evil.

The small expense of cremation, and the process being carried out under cover, form additional recommendations, as it is a known fact that a number of persons attending the usual funerals catch cold while taking part in the usual services, exposed the while bareheaded to the inclemency of the north and east winds, and standing for some time on wet grass or humid earth.

In conclusion, I will briefly recapitulate the few suggestions which I have endeavored to make.

First.—It is most desirable that the education of homœopathic and other practitioners should embrace the knowledge of the pathogenetic effects of cold and heat, of air and water, of increased and diminished atmospheric pressure, of the various media by which we are surrounded, and of all bad

food and drink, of unsuitable clothing, and of the various injurious positions and occupations most frequently adopted in the performance of all trades and professional duties; this is the only way that will enable us to remove everything injurious to our health, and to improve, as far as it is in our power, the various circumstances surrounding all classes of the population.

The elements of scientific physical education should also be a part of the obligatory education of medical men, not only of those who may have ultimately to inspect schools and to suggest the best modes of producing the maximum of health and strength of the pupils of both sexes in the elementary, secondary and high schools, in colleges or universities, but also of every medical man whose highest aim should be the prevention of disease in all forms.

Second.—The knowledge of the curative treatment by water, exercise, manipulations and electricity should also form an integral part of every medical student's curriculum, that he may be enabled to relieve suffering, to prevent and cure diseases, for which the mere knowledge of drugs is not sufficient.

Third.—Even the elementary knowledge of public, domestic, personal and school hygiene will be found most useful to every practitioner, not only for his private use, but also that he may efficiently serve the best interests of the community in which he resides. Hitherto no attention has been paid in medical schools to the instruction of students in all matters concerning hygiene and the curative powers of non-medicinal means, such as water, electricity, manipulations, and exercise, and the public is obliged in numerous cases to have recourse to "rubbers," "bone-setters," "masseurs," "electricians," and other unqualified persons who have acquired the name of successful curers of certain diseases by making use of agents frequently entirely unknown to medical practitioners.

AMMONIUM SALTS.

BY S. LILIENTHAL, M.D., NEW YORK.

DR. Eichler recommends promiscuously in the May number of the "popular *Zeitschrift* for Homœopathy" the Ammonium salts for catarrhal affections, and comes finally to the conclusion in his practice to treat every cough or catarrhal affection, acute or chronic, whether the nose runs or is stuffed up, with Ammonium bromidum, 3^x, a powder, three or four times a day, and

assures the reader that he hardly ever needs another remedy. It is a pleasure to witness, how quickly old coughs disappear; even in chronic laryngeal catarrhs, Ammonium bromidum and the related Ammonium iodatum leave nothing to be desired. A preacher, who for years was homœopathically treated for his laryngeal catarrh, found more relief from the third decimal trituration of Ammonium iodatum than from all former treatment.

There is always a grain of truth in such asseverations, and it is our duty to get at the grain of truth, especially as the Ammonium salts are perhaps not so frequently prescribed by most physicians, as they deserve to be. We acknowledge ourselves guilty of such neglect, and perhaps this may be one of many reasons, why we often failed to cure a cough *tuto, cito* and *jucunde*.

Bartholow, in his *Materia Medica*, page 162, considers the therapeutical activity of the iodides and bromides promoted by combination with carbonate of ammonia. Ammoniacal gas, brought in contact with a mucous surface, irritates it; when inhaled, an overpowering sense of suffocation is experienced, and the glottis spasmodically closes. After the intra-venous injection of ammonia, the blood-pressure at first rises, then falls below the normal. Resulting, doubtless, from the increased action of the heart and the more rapid circulation of the blood, a subjective sensation of warmth throughout the body is experienced, the face becomes flushed, the eyes are more brilliant, and the mental operations increase in activity.

Increased waste of tissue is one result of its administration too long continued, manifesting itself by pallor, emaciation, feebleness, and increased retrograde metamorphosis. The carbonate of ammonia is often employed as a stimulating expectorant in chronic bronchitis, when the expectoration is profuse and the patient's strength is diminishing. It is also of signal service in severe bronchitis, or broncho-pneumonia of children, especially when they are prostrate and livid from obstructed breathing. In the same manner, our own Meyhoffer recommends it in very chronic cases of copious bronchial secretion, great difficulty of expectoration and bronchial dilatation. *Low vitality, atony of the bronchial surface, are its leading indications.* The hand and ear will detect numerous coarse râles, and yet the patient experiences no necessity to clear his chest of its morbid productions. It is a remedy too often overlooked. In the pneumonia of old people, it meets those cases with copious expectoration and incessant cough, excited as if from down in

the larynx, and greatly aggravated at 3 or 4 A.M. Hoyne (*Clinical Therapeutics*, 2, 113) found it very valuable in children, when they are troubled with the snuffles. The child's nose is stuffed up, it starts up every time it tries to sleep; usually there is rattling of phlegm in the trachea and bronchi. In nasal catarrh, it acts well where there is fluent coryza with stoppage of the nose, especially at night; he can only breathe through the mouth, with long-continued coryza; cough after midnight; discharge of sharp, burning water from the nose.

The same author (l. c., 489) considers Bromium valuable for great debility and nervous prostration, remaining after other morbid symptoms have disappeared; children with thin, white, delicate skin and very light hair and eyebrows; < the first part of the night, > after midnight. It may also be used for coryza with sneezing; the margins of the nose and the parts under the nose are corroded; stoppage of the nose; gasping and snuffing for breath, with wheezing and rattling in larynx, heat of the face and head. Hirschel differentiates well between Bromine, Iodine and Spongia when he says: Spongia is the most volatile and dynamic: Bromine is more materially penetrating, powerfully and promptly curative where it is indicated: Iodine is the strongest, but also the least prompt and most slow. Of these three, Iodium alone is also *en rapport* with the bronchi and even with the pulmonary tissue. Bromium has dry, croupy cough, like a sheep's cough, with continual grating, tickling and hoarseness, but Iodium remains our sheet-anchor after the failure of Spongia and Bromium. Boyer reports good results in violent coryza from the olfaction of a mixture of one drop of Bromine in two ounces of water, but as it is an unmanageable drug, and soon decomposes so that the dilutions must be made fresh, the salts are certainly preferable, and the Bromide of Ammonium deserves therefore more consideration than has been hitherto bestowed upon it.

The coryza produced by Iodine and its salts is too well-known. There is first noticed, says Ringer, some slight running from the nose, with occasional sneezing, and a little frontal headache; these symptoms become more marked, when the conjunctiva of the eyes is injected, and the tears abundantly flow. The watery nasal discharge feels cool and causes no excoriation. Here Hughes (*Pharmacodynamics*, 554) repeats Meyhoffer's suggestion, that constitutional prostration is the characteristic indication for the preference of Bromine, which is thus suited to diphtheritic croup, while Iodine suits the sporadic

and more sthenic forms; hence Kafka's high recommendation of Iodine in pneumonia crouposa.

Looking over the whole field, we now turn to the Guiding Symptoms of our blessed father Hering and read of Ammonium bromidum: sneezing relieves stinging in the throat; nose stopped up, then clear discharge; occasional discharge of watery fluid from left nostril; irritation of the throat, mostly on the sides, with inclination to cough, evening; fauces and tongue feel scalded; sensation of hot air passing up the right side of the throat, though the stomach feels cold; fauces dark-red, congested; cough dry, spasmodic and very severe, almost continuous, especially when lying down at night, sensation of tickling irritation with heat and burning, sudden cough from tickling in the throat just below the tonsils; prover feels the cold more than usual, must warm the feet while in a warm room.

Hale in his "New Remedies" gives us (p. 110): Discharge of stringy mucus from the nose; catarrh of the anterior and posterior nares, with discharge of thick, stringy mucus; cough caused by a secretion of mucus in the throat, irritation of the organs of respiration and stomach, accompanied with spasmodic cough; cough distressing, hoarse, dry, spasmodic, asthmatic and exhausting, without expectoration.

Of Ammonium iodidum we cannot find any provings. In the appendix to Allen's *Encyclopædia* even this indefatigable searcher must be satisfied with five lines which give no insight into the action of the drug. Here is another drug to be proven, and we are sure the learned professors of *materia medica* in our colleges will take the hint and fill up the omission.

Perhaps the ball is now set in motion, and our physicians will verify or disprove the favorable announcement of Dr. Eichler.

CHOLERA EPIDEMICS IN PHILADELPHIA.

BY JAMES KITCHEN, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Philadelphia County.)

ON the approach of the cholera to Philadelphia in 1832, there was considerable alarm—it had ravaged Europe in 1831, and had left widespread reports of its deadly effects. It was a new disease, and, physicians having had no experience of its nature, the people generally were in daily fear. It was expected in this country, probably, with still greater fear than it was in Europe, since the efforts of medical men there were so unavailing against its overpowering ravages.

I was at that time an allopathic physician—the period was the heroic one of big doses. Reports were eagerly sought for from medical men in Europe, who had had a full year of experience in its treatment; but no hope was given by them of success,—the mortality ranged from 50 to 70 per cent. among allopathists. There were some rays of hope from homœopathists, under the guidance of Hahnemann, who most wonderfully marked out the mode of treatment before its arrival there. The reports that came from them reduced the mortality from 5 to 10 or 15 per cent., according to locality. They were not credited by allopaths, and were set down as lies to advance the new system of practice.

Besides, we knew nothing of homœopathy in those days, and being ignorant of the laws and action of the small doses, we were thrown upon our long-lived allopathic system of large doses and routine practice at that time prevailing, of bleeding and use of violent measures of medication. Almost all the articles in the *materia medica* were tried, one after the other, and all failed to a great extent, so that there was want of trust in any measure that had been as yet tried. Bleeding was resorted to by many, but in most trials of that measure, when the vein was opened the blood flowed very sluggishly, and had the appearance of molasses; almost all the remedies failed, and it was said that one professor, in despair, proposed to cork up the anus as the only likely measure of success. Injections of salt water into the anus were tried and failed; still the disease went on, and the mortality was frightful. In Paris, there were upwards of 30,000 cases, and from 10,000 to 15,000 deaths.

Looking from the stand-point at Philadelphia, at all these terrible reports, and being powerless, no wonder there was a panic. Meetings were held; hospitals were established in different quarters of the city, and physicians appointed; people fled in all directions from the city to the country, and some very nervous ones died from fright.

Pending this state of things, a committee was sent off to Canada, where the first cases appeared on this continent, to study the disease; they returned and made a report, which amounted to nothing. The first cases in Philadelphia appeared in the northern part of the city, and soon spread in different directions. I was located in Spruce street near Second, and many cases soon appeared in my quarter of the city, so that I was kept very busy. The worst and most annoying feature of the disease was its happening, in many cases, between the

hours of midnight and daylight, so that the doctors were called up very frequently between those hours; it was a usual occurrence to be called two or three times a night, and one night I was sent for four times, and all fatal cases, death taking place by collapse within a few hours after seizure. The following morning I was prostrated by it myself, and had to lay up, but, fortunately recovered in a few days. In the *HAHNEMANNIAN MONTHLY* of last year (1885), I have made a statement of my case, to which I refer.

Crowds assembled at the Health Office every morning to hear the report of the mortality of the preceding day. Notwithstanding every precaution taken, it broke out in the jail, then located at Southwest corner of Arch and Broad Sts., and caused great mortality among the prisoners.

This occurrence added more to the fears of the people, but, fortunately, in a few days it began, from day to day, to subside and finally disappeared. The treatment was of all kinds, and no matter what was administered, mortality went on, and the percentage remained about the same; mild cases recovered, bad cases succumbed. Inebriates were usually the worst cases, and the first attacked; they almost all died.

I was called to an English emigrant, a large, stout, healthy-looking man, just arrived; the day was hot; on coming on shore he walked around a few squares, and entered a saloon and drank a quart of cider, which brought on vomiting and purging, and ran into a true and severe case of cholera, under which he collapsed and died in a few hours. There had been no sickness on the ship in which he came. Was this a case of comma bacillus? Several other cases were similar.

Practical physicians observed that there was something unusual among their patients months before the cholera broke out; there was an unusual prevalence of diarrhoea, great irritability of the stomach and bowels to some kinds of food, and more especially so to all kinds of medicines; common doses acted violently; they had to be reduced in order that they might be retained and exert their curative effects.

A very singular case came under my observation, of a lady who had been constipated from her earliest recollection, never having a passage without medicine (Anderson's aloetic pills), and yet some time before and during the prevalence of the cholera was perfectly regular. Was this comma bacillus?

The essential cause or causes of cholera are yet in great obscurity. Cases of sporadic cholera take place every summer,

in different parts of the United States, and especially in our large and overcrowded and overworked cities, with all the symptoms of the Asiatic disease; is the cause the same?

As to the comma bacilli of Koch, we have contradictory accounts,—endorsed by some, denied by others,—so that it is, as yet, under judgment. Some have found them in the mouths of sick persons other than choleraic; others have swallowed them with impunity; others, again, have denied their existence in cases of real cholera, which they have examined. Sewer gas and sewer water have come in for a share of the causation in this and other malignant diseases, and yet we are told by the Registrar-General of England, that the men who work in the sewers are the most healthy of any class in London, and a German physician drank nothing but sewer water during a whole month with impunity.

Amidst all this obscurity and ignorance, there is one fact that stands out in bold relief, which is, that in all wide-spread epidemics there must be some vitiation of the atmosphere. This was evidenced, as I have already remarked, by the forerunners affecting the mucous membranes of the stomach and bowels, before there was a single case of cholera in the city, in 1832, like the scouts of a great army,—feelers of what was to come. Were they comma bacilli?

In 1849, it broke out suddenly, without any forewarning, and chiefly in my neighborhood, remaining a short time, and as suddenly disappearing. In that year, it passed all over the West with great mortality. From the success of the homœopathic physicians in those localities, homœopathy was established there on a firm footing and has retained its foothold there ever since.

Cholera being, then, atmospheric in a great measure, it cannot be kept away by quarantines or cordons, which are great drawbacks to commerce and personal convenience. Still they are of service and benefit in their places, and ought to be enforced in some, and probably, in all cases, before the breaking out of anticipated epidemics; but when they are once present in any locality, they should be modified and made less stringent; the air we breathe cannot be barred out or bottled up; it is free, good or bad, and every one must accept it and take the consequences.

Much has been written in relation to the contagious, infectious, and atmospheric character of the various kinds of epidemics, and also, of late, about germs and microbes, etc. We are still in the dark concerning many points in relation to all

these things. One thing, however, we do know: that life is present everywhere in earth, and water, and air. Take up the smallest portion of either of these elements, as they are called, and the microscope will reveal life to exist in them,—the smallest of these small beings preying upon other beings, and this throughout creation, or, as the naturalist has it:

“A flea
Has smaller fleas that on him prey—
And these have smaller still to bite ’em,
And so on, ad infinitum.”

REMARKS ON BAPTISIA TINCTORIA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA.

(From an Extemporaneous Lecture, Phonographically reported.)

Baptisia tinct.	{	Gelsem. Rhus t., Bry. Arn., Mur. ac., Lach., Ars. Ailanthus.
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I have selected for our study to-day, a member of the leguminous plants, *Baptisia tinctoria*, or the wild indigo. It is a drug which has a short history, but one that is exceedingly interesting. Our journals are replete with glowing accounts of cures of typhoid conditions made with it. *Baptisia* causes, in general, the changes in the blood, both quantitative and qualitative, which are exhibited in typhoid fever. The offensive exhalations, the mental and nervous phenomena which it develops, are characteristic of this disease. *Baptisia* is suitable to all stages of typhoid, early or late. Its symptoms I will divide into two classes: those which would indicate the remedy early in typhoid affections, and, secondly, those which call for it late. Of course, it is not necessary that all the following symptoms be present in any one case, to make the drug the remedy. I am about to give you the characteristic symptoms of the remedy; without several of these be present, it would not be proper to give *Baptisia*. These symptoms are as follows: Excitement of the brain, just such as precedes delirium; wild, wandering feeling, patient cannot confine his mind to any one subject; restlessness, constant desire to move from place to place, and disturbed sleep. The patient awakens at two or three o'clock in the morning, and then is so restless that he tosses about, unable to sleep any longer. During sleep, his dreams are of the most extravagant character. He dreams

that he is chained to the bed, or that he is swimming a river or undergoing some such ordeal as makes a great demand on his strength. He may suffer from nightmare, from which he awakens with a sensation as though the room was insufferably hot, making breathing almost impossible. If he still has strength, he goes to the open window to get air. Now this is not a true asthma; it is not due to a spasmodic contraction of the bronchioles or air-cells. There is a fulness of the chest, giving this oppressed feeling. One prover described the symptom not as a true difficulty of breathing, but as a feeling as though he had not strength to lift his chest. The patient makes frequent errors as to his own person, supposing at times that he is double, or that his body is scattered about, and he must toss about the bed to collect the pieces. Now these evidences of nervous excitement are accompanied by excessive prostration; the back and limbs ache; the back feels stiff; the patient feels tired and bruised all over; he complains of the bed feeling too hard; this makes him restless, and he tosses about the bed to find a softer spot; weakness progresses so far, that he becomes unable to walk; he suffers from an indescribable weak or faint feeling, with or without vertigo; the face is hot and flushed, and has a heavy, besotted look, as in the case of one intoxicated. The eyes, also, are heavy and stupid in appearance. The tongue is at first white or slightly yellowish; frequently, too, the papillæ are raised, and project through this whitish or yellow coating. The edges of the tongue are of a deep red color; there is a dull, heavy headache, with the sensation as if the head would be pressed in; sometimes the pressure in the forehead seems to go down into the root of the nose. Again, the patient complains of a sensation which he describes "as though the skin of the forehead were being pulled back towards the occiput." This is evidently due to tonic contraction of the occipito-frontalis muscle. At other times, the patient simply describes the sensation as though the skin of the forehead were tense, or tight, or drawn. These symptoms of the head are often accompanied with numb, tingling feeling in the forehead or scalp. At other times, the head feels enormously large. The typhoid fever is very characteristic of *Baptisia*, it being one of the few remedies which actually produce this type of fever. There is always an increase of temperature. The pulse is usually accelerated in direct proportion to the intensity of the fever. Even in the early stages of typhoid fever, you may find *Baptisia* indicated by the abdominal symptoms, slight sensitiveness in the ileo-cæcal region, and

yellow putrescent stools. These then are the symptoms calling for the early exhibition of *Baptisia* in typhoid fever. I can say confidently that if you select the drug on its homœopathic indications as just outlined, you will succeed in aborting a large percentage of typhoid states. I say this despite the assertions of many other physicians who have argued to the contrary. The properly selected drug *will* abort typhoid fever. The disease need not run its course, as prominent old school authorities claim it must necessarily do. You recognize that *Baptisia* is suited to true typhoid fever, particularly when associated with nervous phenomena.

Later in the course of the disease, during the second or third week, you will find *Baptisia* indicated when the prostration is profound. The patient is in a stupor. He falls asleep while answering questions. His face is now dark red in color, and has, more marked than ever, this heavy, dark besotted look. The tongue has changed its yellow or white coating to one which has a brown streak down the centre, the edges of the organ still remaining red. All the exhalations and discharges from the patient are exceedingly offensive. The teeth are covered with sordes having an offensive odor. The breath is foetid. The stools are yellowish or dark, and are horribly putrid. The urine and sweat are both offensive. So you see *Baptisia* applies to cases in which there is an evident decomposition of vital fluids, and rapid disintegration of tissue.

To give *Baptisia* its legitimate position among other typhoid remedies, it will be necessary to compare it with those nearest like it in symptomatology. The first of these remedies to which I shall call your attention, is *Gelsemium*. This usually precedes *Baptisia* when there are malaise, and muscular soreness, and the patient suffers from chills and crawls, which go down the back. This is on the first day, remember. In the afternoon, comes the fever with accelerated pulse, this pulse being full and flowing, not tense and not resisting as under *Aconite*. The fever is usually associated with drowsiness; the face is uniformly suffused red, and there may even be prostration thus early in the case. *Gelsemium* causes pains of the motor nerves, hence there must be weakness of the muscles. By the next afternoon, you may change to *Baptisia*, if the fever rises in the afternoon, despite *Gelsemium*, and when the above mentioned symptoms of *Baptisia* develop. The reason why I dwell on the relations of the two drugs, is because of the great similarity in their symptoms. Both of them have this intense muscular soreness and prostration;

both have drowsiness and nervous excitement, with prostration; both of them have this feeling of expansion, as though the head or some part of the body were enormously enlarged; and both of them have the afternoon exacerbation of the fever. The relation between the two drugs is one of degree, one of intensity. *Gelsemium* is the milder acting drug of the two.

Another remedy which is not unlike *Baptisia*, is *Rhus tox*. Like *Baptisia*, *Rhus* has restlessness, brown tongue, and soreness of the muscles. I must confess that the distinction between the two remedies is not always easy. Formerly, *Rhus* held undisputed sway in almost all diseases which threatened to assume a typhoid type, whether the disease was diphtheria, scarlatina, peritonitis, or pneumonia. Now this honor is shared with *Baptisia*. The main differences between the drugs, briefly given, are these: *Rhus* has restlessness, caused more by rheumatoid pains than by muscular soreness alone. The tongue, under *Rhus*, has a red, triangular tip, which is not noticed under *Baptisia*. Delirium is of a muttering character under *Rhus*, unaccompanied, so far as I know, by these delusions respecting personal identity. Neither are the putrid discharges of *Rhus tox*. quite so offensive as those of *Baptisia*. If diarrhoea progresses to a severe type under *Rhus*, the stools are watery, sometimes bloody, and involuntary. The pneumonic symptoms which often complicate typhoid fever, are more prominent under *Rhus*.

Arnica claims a relationship to *Baptisia*. It is similar to the latter remedy in the stupor, in the intolerance of the bed (the patient complaining that it feels too hard), and in the falling asleep while answering questions. *Arnica*, I think, suits more when there is tendency to apoplectic congestion, when the stupor is so profound that both stool and urine are passed involuntarily. The intensity of the involvement of the brain is shown by the loud, snoring respiration. Then, too, in *Arnica* we find suggillations, sometimes called ecchymoses.

Lachesis also comes forward as similar to *Baptisia*. You will recognize the resemblances between the remedies, in the offensiveness of the discharges, in the putridity of the exhalations, and in the excessive prostration. I think I have seen apparently hopeless cases react under the benign influence of this remedy. As an animal poison, I think it is a deeper penetrating remedy than *Baptisia*, and, in consequence, should be called for in worse cases. It may be distinguished

by the following symptoms: Trembling of the tongue when attempting to protrude it, or it catches on the teeth during the act. When he succeeds in getting it out, it hangs there tremblingly, and he may not even have sense enough to take it in again. Hemorrhages are frequent in the Lachesis patient. Blood may escape from almost every orifice of the body. The lips crack and ooze a dark or blackish blood. Dark blood escapes from the bowels. This, after standing awhile, deposits a sediment which looks like charred straw. In severe cases, there is marked intolerance to light pressure. Even when the sensorium appears to be perfectly benumbed, the patient resists the lightest touch about the neck. In still worse cases, you have to separate it from Baptisia, when there is approaching cerebral paralysis, dropping of the lower jaw, and involuntary putrid discharges.

Muriatic acid bears some resemblance to Baptisia in the great prostration, in the decomposition of fluids and in the low form of delirium. But it seems to me that the general character of its symptoms is not sufficiently similar to those of the other remedy to make a distinction difficult. The Muriatic acid weakness is so great that the patient is unable to make the slight exertion required to maintain the head on the pillow, he therefore slides down to the foot of the bed.

Now a word about Baptisia in other diseases than typhoid fevers. In such affections, it is indicated by the symptoms already mentioned. In dysentery, you will give it when the discharges are offensive and contain blood and are attended by tenesmus, but with a significant absence of pain, showing an alarming depression of vitality.

Baptisia has proved itself one of our best remedies in diphtheria when it has assumed a typhoid type. Some of the symptoms already mentioned will be present. The mouth is excessively putrid. The membrane is dark and exhibits a gangrenous tendency. Sometimes early in the disease, you will observe this characteristic: The patient can only swallow liquids. Give him milk and he will drink it. Give him solid food and he ejects it at once.

Ailanthus is to be compared with Baptisia in typhoid conditions, scarlatina, and diphtheria. It produces an even more profound stupor than the latter remedy. There is a well-marked excoriating watery discharge from the nose, making the upper lip sore. The rash, if any exist, is of a livid purplish hue, thus denoting the poisoned state of the blood.

I hope now with this lecture, you may be able to properly

place Gelsemium, Baptisia, Rhus tox., and Lachesis in your mind as so many distinct pictures, which are to be brought up in times of necessity to be used according to their symptoms and their applications.

ERYSIPELAS.

BY AUG. KORNDORFER, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

FOR generations past, the dominant school has been enunciating learned theories regarding the ætiology of this disease. The "*status biliosus*" and the "*status saburrealis*" each had its day. Clogging of the pores of the skin, and consequent accumulation of acridities, which nature should have eliminated; and the theory that some noxious principle *from without found entrance* in some mysterious manner, each claimed due regard. Simple inflammation on the one hand, and specific inflammation, involving the lymphatics, on the other, have also had their advocates. Thus, most opposite theories have been advanced, have been held for a season, and then have fallen again into disrepute. For nearly a generation past, the microscope, vying with other methods of examination for the illumination of that most perplexing subject, pathology, has been utilized in the effort to give conclusive proofs of the germ origin of this disease, and, in truth, it would seem with considerable show of success. It appears quite probable that some micro-germ may be the abnormal excitant, *it* serving as the agent through which the perverting force is enabled to act upon the vital *dynamis*. Even here, however, the observations of different investigators are not in harmony, for while Orth, Lukonsky, Koch, and others believe that they have established the fact of the existence of "a specific micrococcus, which has its habitat in the lymphatics of the skin and subcutaneous tissues," Ziemssen, on the contrary, feels that "the proofs which have been advanced of the specific nature of the erysipelas micrococci do not seem to be sufficient;" he further says: "According to my conception a deleterious substance is produced under specially irritating influences, either *in loco*, or it reaches the inflammatory spot from the outside, and produces erysipelas in predisposed individuals." This idea of predisposition again opens up the proposition by Hahnemann, elaborated in the *Chronic Diseases* and in the *Organon*, *i. e.*, that every disease is a purely dynamic disturbance of the vital force, and can only exist where the constitutional state presents an especial

susceptibility to the extraneous disease-producing force. He looked upon the changed materials found in disease as but the results of perverted force; the character and intensity of the change depending upon the individual susceptibility, the quality of such change depending upon the quality of the interfering force.

In our day, we may be led to infer, through the results of microscopic research, that such quality will be found in, or made known through, the presence of characteristic germs; these germs acting as instruments or agents for the introduction of the extraneous force, they being but the vehicles for the conveyance of a perverting force, and can become effective only in predisposed constitutions. Hahnemann looked upon the psoric diathesis as the one which afforded such predisposing conditions. Many of the vexing and perplexing theories in regard to the essential nature of disease, which have from time to time been presented, have fallen into oblivion. Much of what Hahnemann taught in regard to the chronic miasms, still remains unreceived and unheeded, though the more earnest students of that wise teacher see, year by year, greater and brighter prospects for the general reception of many of the views laid down by the founder of our school more than half a century ago.

The microscope and organic chemistry, dealing as they do with the infinitesimals of nature, will, no doubt, ultimately lead an unwilling profession to see the truth.

One word in regard to the idea of the necessity of traumatism as a precedent to erysipelas. I cannot agree with Zuelzer and others, who would see in every case some traumatic lesion as the vulnerable spot through which the disease must find entrance. I have had under my own observation a number of cases in which no such lesion existed—in each of these cases, the disease attacked the face, in several, extending to the scalp—several occurred in which the first sign of inflammation was observed near the zygoma, and two others upon the dorsum of the nose. While so few cases do not invalidate the assertion that lesions of traumatic character afford the readiest entrance for the poison, they certainly do prove that the disease can find other entrance to a predisposed system. Owing, however, to the greater tendency to attack where even the slightest abrasions exist, it behooves the physician to so isolate the patient and employ such precautionary measures as will insure protection against the spread of the contagious principle. Puerperal cases are especially predisposed to attack.

I will not detain the Society by a lengthy review of the symptoms and course of erysipelas, as these are already full well known to all, yet a few words regarding the diagnosis and treatment may not prove amiss to some of our younger members.

In a typical case, the diagnosis is readily made. The chill or shiverings soon followed by fever, which speedily reaches a high grade, often 103° – 105° F. within from twelve to twenty-four hours. The dark rose color, or bright red inflamed spot, which, even though small, is painful, hot, shining, and swollen, presenting well-defined borders; the accompanying swelling and inflammation of the neighboring lymphatics present, when taken together, so characteristic a picture, that mistake would seem impossible. In milder cases, or in cases where the local symptoms are not so marked, more difficulty is experienced. Yet erysipelas, even of the milder type, can scarcely be confounded with a simple, though severe, erythema, for in the latter we have not the marked elevation of temperature, nor swelling and defined borders of the inflamed surface, nor are the lymphatics involved as in erysipelas. Nor, would it seem possible for even the novice to confound erysipelas and urticaria, for though the wheals are elevated, and have defined borders, the suddenness of their outbreak, intense itching, short duration, or changing location, together with the lack of high fever, which is so invariable an accompaniment of erysipelas, certainly will make the diagnosis clear.

Dermato-cellulitis, a disease rarely given prominence in the text-books, and, when noticed, treated of in connection with abscesses arising from cellulitis, is, however, at times, met with in a form which presents greater difficulty of diagnosis. I recall one case in which no suppurative tendency, such as is usually predicated, existed; it presented a well-defined inflamed surface, together with swelling, decided sensitiveness, and some local heat, and though it lacked the high fever which characterizes erysipelas, the patient nevertheless suffered from a general malaise and sense of prostration, which made his case assume much of the character of the latter disease. The difficulty in differentiating is, however, more apparent than real, for the history will clearly show that the cellulitis was the initial affection which, by extension, finally involved the overlying cutaneous surface, developing there an inflammation presenting an erysipelatous appearance. These cases may be accompanied by some constitutional disturbance, though this

will rarely, if ever, be equal in intensity to even a mild form of erysipelas.

Acute superficial lymphangitis need scarcely be referred to; the inflammatory process is so clearly confined to the lymphatics, extending in the form of irregular streaks, usually without involving the neighboring skin.

The inflammation accompanying a large and deep-seated abscess has occasionally been mistaken for erysipelas, but the early history alone will be sufficient to enable one to decide upon the correct diagnosis.

Regarding the care of the patient, my first rule is to secure perfect quiet of both mind and body; with this, I would couple positive cleanliness of the patient and the bedding. In order to accomplish this, it is never necessary to use water freely enough to cause danger. We should remember the words of that model of nurses, Florence Nightingale. "Care should be taken in all these operations of sponging, washing, and cleansing the skin, not to expose too great an extent of surface at once, so as to check the perspiration;" again she gives the good advice, "Every nurse ought to be careful to wash her hands very frequently during the day." My rule is, never to use water upon the inflamed surface except cleanliness demands it. Great care should also be exercised to guard the patient against chills, either through draughts, sudden change of room-temperature, or denudation when perspiring.

Treatment.—Locally the use of oven-dried rye meal, or powdered starch may afford much comfort to the sufferer. The starch for such purpose should be carefully prepared by washing it in cold water in order to remove all foreign matters; it should then be allowed to settle, the supernatant water poured off, and the starch then slowly dried. During the drying process it should, from time to time, be broken up so as to expose fresh surfaces, thereby hastening the process. The starch is thus readily converted into an almost impalpable powder, which, when applied to the inflamed surface, promptly relieves the itching and burning. Applications containing fatty substances are usually harmful in their effects.

For internal medication, the following remedies have most frequently been indicated: *Rhus tox.*, *Apis*, *Canth.*, *Bellad.*, *Aconite*, *Graphit.*, *Bryon.*, *Euphorb.*, *Laches.*, *Amm. c.*, *Sulph.*, *Hydrastis*, *Pulsat.*, *Verat. vir.*, *Arsen.*, *Camph.*, *Ipecac.*, *Phos. ac.*, *Ruta*, *Silic.*

In *Rhus*, we have such close similarity to the totality of

symptoms of erysipelas, that it affords one of the most striking proofs of the truth of the laws of cure. Thus we find among its recorded symptoms, shivering or chilliness, soon followed by high fever. Intense heat, with occasional chilliness. Hot swelling of the hands and face. Erysipelatous swelling of the face and neck. Excessive swelling of the face; the head becomes twice as large as normal—a sort of phlegmonous vesicular erysipelas (Van Mons). Violent burning of the swollen face, eyelids, and ears (Fontana), also violent itching.

With these local symptoms, we find a marked tendency to cerebral disturbance, delirium of low, mild type being characteristic. Intense headache is also noticed, such headaches may be accompanied by nausea and vomiting of bitter yellow or greenish fluids. The eyes are painful and feel sore, the lids œdematous and inflamed, the surface may be studded with watery vesicles. The inflammation in the *Rhus* erysipelas travels, by preference from left to right. Many other individual symptoms will occur in such cases, but these will usually enable us to decide the choice.

Another almost equally important remedy, we find in *Apis*. It behooves the prescriber to study well his case before giving either *Rhus* or *Apis*, each having marked similarity to the general symptoms of erysipelas, nevertheless these remedies are neither interchangeable nor complementary to one another, in fact, being inimical in their action, they should never form a sequence. The careful Hahnemannian will find but little difficulty. In the first place, the inflamed surface characteristic of the *Apis*, presents a lighter or paler red, in comparison with the more dusky red of the *Rhus*. The pain is usually of bruised sore character, more rarely stinging, while in *Rhus* it is of an intense aching, accompanied by acute intercurrent pains of lancinating character. The inflamed surface with *Apis* is intensely sensitive to touch (reminding one of *Lachesis*). The swelling is even greater than in *Rhus*. The direction traversed by the inflammation is apt to be from right to left, or from the scalp descending to the face.

Belladonna is another frequently indicated remedy. The inflamed part presents a bright red, smooth, swollen appearance, and begins, in many cases, on the right cheek, spreading in streaks, but with otherwise distinct borders. The fever is intense, the skin imparting a sense of pungent heat to the hand of the examiner. Headache is intense and throbbing. The face has a wild expression. The eyes look reddish and suffused.

Usually there is delirium, which may become furious in character. Sleep is disturbed by frequent starting, as if affrighted, causing great distress from want of sleep. Other symptoms, such as thirst, character of urine, etc., vary more or less in different cases.

Cantharis is a remedy which is too frequently overlooked. It follows well where Rhus has failed, in fact, may have been indicated when the Rhus was given. It is especially indicated in cases beginning upon the dorsum of the nose, thence spreading to the cheeks, more however to the right; vesicular eruption, accompanied by much burning and stinging. It is not necessary that the urinary symptoms be prominently developed, though usually the urine will be scanty, turbid, and burning when passing.

Aconitum is much less frequently indicated than given. Its guiding symptoms are those of the mind and the fever. The anxious, restless, fearful state so characteristic of this drug, together with the smooth inflamed surface, and sudden elevation of temperature are sure indications.

Lachesis is characterized by the burning and itching of the affected part, which is very sensitive to the slightest touch. The redness tends rather toward the blue. Delirium and other symptoms are worse after sleep, especially after siesta. Violent throbbing headache on vertex or sides of head. Though the text-books give prominence to right-sided headache, the left temple is also characteristic.

Euphorbium has facial erysipelas. The vesicles are filled with a yellow fluid. Pains are digging, boring, and gnawing in character. In appearance, such cases lead one to think of Rhus. The pains in the limbs, however, are not so markedly relieved by motion as in the Rhus.

Graphites has erysipelas of the face, with burning-stinging pains, constrictive headache, especially in the occiput; repeated attacks of erysipelas bullosum.

Sulphur has proved very useful in cases presenting that bright red, "boiled lobster," aspect, so characteristic of the remedy. I have also found that Sulphur served well when interpolated between the Rhus and Apis; where an unwise choice of Rhus had been made, Apis being really indicated. A single dose of Sulphur high, thus interpolated, will prove sufficient to correct the tendency to aggravation which so frequently occurs on the sequence of Rhus and Apis.

Other remedies will, no doubt, be required in the treatment of unusual cases of this disease, as well as for complications

arising during the progress of individual cases ; the foregoing however, comprise those most frequently indicated.

AN ESSAY ON FERRUM.

BY DR. MOSSA.

(Translated from the *Allgemeine Homœopathische Zeitung*, with remarks by S. Lilienthal, M.D., of New York.)

(Continued from page 486.)

THE action of Ferrum on the urinary organs is only slightly shown in Hahnemann's provings ; we meet only involuntary urination, especially in daytime. Lœffler mentions frequent inclination to urinate, every few minutes an urging to urinate. Ferrum phosph. will cure, many a time, such an irritation at the neck of the bladder (and, perhaps, also prostata). Schuessler recommends Ferrum phosph. for enuresis nocturna from weakness of the sphincter vesicæ.

The action of iron on the sexual organs is more decided, as erections without cause happened in daytime, and pollutions nocturnal. Kissel says : Nightly pollutions are often observed during an affection to which Ferrum is indicated, and they can be removed by Liquor ferri sesquichlor., but, when they are the sequelæ of an organic affection, *e.g.*, of the sexual organs, of the portal system, etc., then Ferrum will do nothing. Hahnemann observed impotence after the continued use of ferruginous mineral waters, and this in both sexes. On the other side, again, Ferrum has been used from immemorial times as a remedy for impotence,—and still very few cases are reported cured. A *tinctura ferri muriatici spirituosa ætherea*, was formerly much used under the name, *tinctura nervina Bestuscheffii*, which is also known as Elixir d'or de la Motte, and sold at high price, but now it is only old lumber. In our own time, Ferrum hydrobromicum is recommended in spermatorrhœa with great weakness, anæmia, and mental depression, leading to virile impotence.

Hahnemann records : Mucous discharge from the urethra, after catching cold. Lœffler observed titillation in the urethra, especially in the fossa navicularis, with desire to urinate. During the first stage of gonorrhœa, Ferrum phosphoricum frequently acted well, especially in anæmic persons inclined to blenorrhœic discharges. Thus, Rosenberg reports : A young man, of sixteen, acquired a gonorrhœa, with tenesmus and inflammation of the urethra, which Cantharis removed

but the penis remained painful, swollen, bluish, great restlessness and weakness, all of which yielded to Arsenicum, but there still remained a copious, painful discharge. Ferrum acet., continued for sixteen days, cured him. (*A. H. Z.*, 35, 3). C. Hering remarks: Where there remains in tedious cases a milky discharge, Ferrum relieves the patient of this remnant. Rosenburg, also, says that the symptoms of Ferrum hint to a gonorrhœa in females, and may be compared here with Copaiva. Most gonorrhœal symptoms in our *Materia Medica* speak only of the male urethra (*Thuja*, *Mezereum* are exceptions). Kissel believes in the good action of Ferrum on the blenorrhœa of the vagina, the discharge being then neither acid nor corroding. Hahnemann, on the contrary, speaks of a milky discharge, which at first smarted and corroded.

A continued use of iron causes congestions to the chest, fever, epistaxis, hæmoptoe, cough, oppression in chest, and this remedy deserves, therefore, our full consideration in acute and chronic affections of these organs. Hartmann witnessed, in an epidemic of influenza where the spasmodic cough always appeared after meals and the food was ejected again, excellent results from Ferrum aceticum³. The symptoms of hæmoptoe are clearly expressed in the proving: Nocturnal bloody cough, followed by increased oppression in chest; bloody cough when rising; he expectorates bloody phlegm when hawking; and Hartmann gives as indications: The blood comes up easily, not in large quantities; is clear and bright-red; the patient has pains between his shoulders; is narrow-chested; feels oppressed, especially at night; cannot sit, feels better when slowly walking about, but must lie down frequently; feels weak, especially after talking; has to cough, after moving about for some time. Ferrum aceticum cures, especially lean patients with yellow complexion, who do not sleep well at night. In other cases for Ferrum, we meet a constant tickling irritation to cough, with copious green expectoration, striated with blood, great debility, emaciation, and hectic fever, congestion, amenorrhœa with leucorrhœa; Ferrum changes here the whole state, so that another remedy can finish up the case. Lobethal, the experienced practitioner, often witnessed good results in such cases, especially in the first stage of phthisis tuberculosa, where flying pains in the chest, bloody sputa, alternating with discolored ones; Ferrum diminished these pains, and the patient gradually felt better. Often we witness that consumptives vomit their food, and complain of a steady pain in the epigastric region. Ferrum relieves it, and the

sensation of satiety, which we meet in the second stage of phthisis as a reflex of the real fulness in the chest. (*A. H. Z.*, 13, 202.)

Rademacher considers catarrhal phthisis curable by iron, as long as there are no ulcers on the bronchial mucous membrane, a frequent sequela of catarrhs and bronchitis. Its incurability does not depend on the expectoration, nor can it be diagnosed by a physical examination, for a cure is still possible, though hectic fever, considerable decrease of muscular power, night-sweats, great emaciation, and copious puriform expectoration may be present. The symptoms may disappear in one or two weeks, but Ferrum must be continued for some time, and it is well known that the *Tinctura ferri acetici* was formerly known as *Tinctura antiphthisica*.

Kissell and Grauvogl give us the characteristics of an epidemically-appearing pneumonia, which yielded to Ferrum.

Asthma finds also symptoms in iron. Knorre cured a case in an old man, with nocturnal oppression in consequence of vascular erethism and blood congestions to the chest. Lying on the back, the slightest covering over the chest aggravated, and relief followed by baring the chest and sitting up. During the day he felt well enough. In chronic symptoms on the skin, with bluish or violet edges, discharging a thin ichor, and in scorbutic affections of inland patients, Rademacher saw good effects from *Ferrum aceticum*.

Dropsies.—"Swollen hands and feet, the latter up to the knees," may often hint to a dropsical state. The old school estimated highly ferric preparations in the treatment of cachectic anæmic hydrops (intermittents), where a hydræmic state of the blood is the cause of the dropsy, and where neither lungs nor heart are diseased. The hydræmic state of the blood accompanying chronic nephritis and the dropsy caused by it, gives frequent opportunity to prescribe Ferrum, but Prof. Nothnagel considers as a contraindication a considerably increased pressure on the aortic system, making itself known by great tension of the radial arteries, and where perfect compensation took place through hypertrophy of the left ventricle. Where such a composition has not yet formed itself or got disturbed, Ferrum may still be indicated. A formerly painless fluor albus became painful, as if the parts were sore, under the use of Iron. An important symptom is: long-drawn pieces of mucus are expelled from the uterus before menstruation sets in.

Griesselich especially mentions the specific action of Ferrum

on the uterus; but it is probable that only by its action on the entire organism it becomes an organ-remedy. We often meet menstrual affections in Ferrum, also leucorrhœa, copious menses, and even metrorrhagia. This leads us to speak of *Chlorosis*.

Grauvogl considers Ferrum indicated in florid chlorosis, a state giving a disposition to phthisis pulmonum, hæmoptoe, metrorrhagia, scrofulous ophthalmia, diarrhœa, etc., in congestions to head and chest. Let us put together the symptoms where the old school considers Ferrum contraindicated, and we meet fully the *indicatio homœopathica*; hence the importance of the doses; no massive doses, but when prescribed as a means for nutrition and restitution, high potencies would miss the mark, and we must study up these factors in chlorosis.

Kafka differentiates between simple and complicated chlorosis, simple chlorosis being in most cases the sequelæ of too early or too retarded sexual development, or its causes are unknown (non-development from the start). Where puberty begins too early we meet chlorosis with decided muscular debility, without a simultaneous disappearance of the adipose tissue. In such a case Phosphor.³, a dose twice or thrice a day, acts better than Ferrum, as the former quickly calms the congestion to the thoracic and pelvic organs, improves the vitality of the blood, whereas Iron increases the congestion and this causes aggravation. In simple chlorosis in consequence of retarded puberty or from unknown causes, Ferrum is the remedy, improving the life of the blood by increasing the number of blood-corpuscles, and thus aiding the process of nutrition. But we must never consider Iron the specific for chlorosis. It will only help us in simple chlorosis. As soon as complications are present, showing themselves either by too early sexual development, by congenital, consecutive, or secondary anæmia, Ferrum is better withheld, as it may act injuriously. Kafka is in chlorosis not favorable to minimal doses, and prefers the first trituration of Ferrum metallicum in his usual methodical form, beginning with half a grain two or three times a day, and increasing the dose every fourth day by half a grain as long as it does not oppress the stomach. Thus retarded menstruation will show itself and a too profuse one become normal. Hahnemann considers this quality of iron in aiding to establish menstruation a primary action, hence tending to abortus; the retarding or suppressing one its secondary action, as witnessed from the use of ferruginous waters. C. Hering considers Ferrum indicated in

metrorrhagia when the blood is black and lumpy, or fluid with labor-like pains and red face, to be followed by China.

(To be continued.)

CORRESPONDENCE.

OVERGROWTH OF SURGERY IN GYNECOLOGY.*

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY:

DEAR SIR: In justice to myself I ask the privilege of replying to some of Dr. Mitchell's remarks in his answer to me in the last number of your journal.

In the first place, I had no intention of starting a controversy, nor was my article intended as an answer to his. It was only an attempt at giving my views as seen from my standpoint.

I am very sorry to have misrepresented the doctor, and had no idea of his making such a personal matter of it.

2d. My remarks were based on the results of my own observation and experience, however much these may differ from Dr. Mitchell's. I wrote not from the statistics of "great operators," but from what I know myself.

3d. I protest against the absurd insinuation that I would class such men as Goodell as "bunglers."

4th. I have not been "without special preparation, opportunities, study, experience," and I hope I am not without "judgment."

My special preparation for surgical work was under Prof. Helmuth of this city, and Billroth, Carl Braun, Pawlik, Nicolidoni, Wölfler, and Hohl of Vienna.

Under Pawlik, who was at that time Carl Braun's first assistant, I took course after course of private instruction in practical gynæcology and obstetrics, being daily with him in the wards and assisting him in his work.

From Nicolidoni, Hohl, and Wölfler I received the instruction in operative technique which I so much value; not one course from each, but going over and over the operations until I knew them thoroughly.

My connection with Dr. Helmuth for seven years (two as private student and five as his business associate) has given me

* This with the other letters presented in this number should have appeared last month, but were crowded out by the report of the International Homœopathic Convention.

ample opportunity for learning the results of operations in which I have been his chief assistant.

Added to all this, I have had a considerable experience as an operator myself, even going so far as to perform oophorectomy, in which the patient has been considerably more benefited than the surgeon, despite of Dr. Mitchell's wonderment.

5th. In regard to my remarks on Porro's operation, it must be remembered that they were written before the publication of Dr. Lee's article, which, with the one of Dr. Coe, came out, opportunely for Dr. Mitchell, almost simultaneously with mine. I am willing to accept a better operation in the place of the Porro method. I even "realize what a serious question I am asking, and what the 'probabilities' are to the mother," in advocating Cæsarean section. When a regular attendant in Braun's wards, I think I either made, assisted in, or witnessed every obstetrical operation, including Cæsarean section by Porro's method. In the case I saw, both mother and child lived; and if Dr. Mitchell had been there at the time, I could have shown him four women who had been operated on consecutively, with similar results.

When it comes to the question between craniotomy in the case of a healthy mother with a living foetus and Cæsarean section, there would not be the slightest hesitation in my mind in choosing the latter. As before stated I am willing to accept laparo-elytrotomy if practicable; but that makes no difference in the argument. In craniotomy, you are sure of sacrificing one life, and not without endangering the other, while in the section there is a fair probability of saving both.

I have assisted Dr. Helmuth in performing the operation of supravaginal hysterectomy six times for large fibroids of the uterus, with the result of five recoveries and one death. This operation is essentially the same as Porro's, with the difference that instead of a foetus you have a large fibroid tumor in the uterus, and there are complications from adhesions likely to arise in the latter which do not exist in the former. This supravaginal hysterectomy is the operation which has to be done when the tumor is large and the bleeding profuse. If spaying with the removal of the tubes were done while the tumor was small, the larger operation would not be necessary.

As to the Tait-Coe controversy, I should prefer Mr. Tait's opinion to Dr. Coe's. The question is not what the pathologist saw in itself, but what he saw in the light of the previous and subsequent history of the case.

In short, has the patient been benefited or has she not? If she has, then the operation is a justifiable one.

I do not despise statistics. On the contrary, I hold them in profound respect; but I consider it my privilege to accept which side I think best in looking over the opposing testimony of two parties. I see no reason for changing my opinion, as expressed in my former article, "that with correct judgment regarding the indications calling for an operation, and with a thorough knowledge of the requirements of, and skill in performing an operation, there will be no fear of an overgrowth in gynecological or obstetrical surgery."

You perceive that Dr. Mitchell in quoting me left out quite an important clause in my sentence.

Very truly yours,

SIDNEY F. WILCOX, M.D.

RHUS POISONING.

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY:

In your July number near the end of the article "Remarks on the Anacardiaceæ," by the late Dr. Farrington, in the reference to *Rhus tox.* and its antidotes in acute cases of poisoning (p. 406), I miss *Sepia*, which I have found by far the best antidote, relieving the itching and burning in an almost incredibly short time; the vesicles drying up in three or four days. I have generally used the 30th, but in my last case about three weeks since, I employed the 12th trituration, a small powder morning, noon, and night for two days; nothing further was needed, although the patient considered the quantity very small, as she had been a life-long patron of the old school.

Truly yours,

L. B. RICHARDS, M.D.

STAFFORD SPRINGS, Conn.

THE IMPORTANCE OF THE ESTIMATION OF THE AMOUNT OF URINARY SOLIDS.

THE following letter was received by Dr. Morgan in response to inquiries made by him relating to certain points in Dr. Dillow's lecture delivered before the students of the Hahnemann Medical College, of Philadelphia, in February last.

NEW YORK, March 13, 1886.

DEAR DOCTOR: My experience was my principal authority for laying such stress upon urinary solids. My attention

was directed to their importance by the works of Neubauer and Vogel, and Hoffman and Ultzmann, on the urine. I have modified, corrected, and verified, according to observation. Of course, in a lecture to students, I could not go into the questions of authorities to any extent. They are conflicting here as everywhere, and I thought it best to give my own results and conclusions, which they could easily verify by their own observations. The essential fact of their diminution in all the forms of nephritis, when chronic, as a general rule, is the reason why I emphasized its importance.

The elimination of food products by other channels than the urine, can practically be disregarded in the average case. Urea generally constitutes about one-half of the total solids. An excess of phosphates generally accompanies an excess of urea, although the opposite is sometimes true. An excess of urates is generally accompanied by an excess of urea. Uræmia is a misnomer if indicating that it is due to a retention of urea alone. Practically speaking, when urea is retained so are other solids, and the condition is due to either the retention of several urinary constituents, or to some unknown substance.

In estimating solids I multiply the last two figures of sp. gr. by $2\frac{1}{3}$ for 1000 grams or c.c.m. of urine. I then calculate to the quantity passed by the rule of three. For example, 1200 c.c.m., sp. gr. 1.021 = $(21 \times 2\frac{1}{3} = 49)$; $(1000 : 1200 :: 49 \times = 58.0)$ grams. Or 300 c.c.m., sp. gr. 1.030 $(30 \times 2\frac{1}{3} = 70)$; $(1000 : 300 :: 70 : \times = 21 \text{ grams})$.

The allowance to be made for food and tissue metabolism, fluctuates according to the patient. The greater the body weight and appetite, the more the solids, and vice versa. The more rapid the tissue waste, as shown by emaciation, the more the solids. There are no hard and fast rules for judgment; but 60 grams \times for adults well nourished, and 30 grams \times for adults on slop diet are my standards (Hoffman and Ultzmann). Between these two are conditions in which there are variations according to disease and habits, etc., which exceptionally must be considered. Ordinary adults in average health may excrete as low as 50 grams for a day or two at a time. But when they pass below this there is almost always deficient eliminating power of the kidney, and when they persistently pass under 60 grams without adequate explanation in diet and nutrition, the same is true as a rule. Of course I do not base diagnosis often upon diminution of solids alone, but upon other concomitant urinary facts. We will take an

actual case for example: A gentleman weighing over 150 lbs. passes fifty-six fluid ounces of urine, sp. gr. 1.008. Total solids 31.3 grams when in good appetite and nutrition—no albumen, casts, or renal epithelia discoverable, yet he has a clear history of gouty cirrhosis of the kidney, extending back several years, with recurring attacks of seizures of uræmia. If I were examining this patient for the first time, I should diagnosticate probable cirrhosis from diminished solids alone, and exercising unusual care I should find my albumen, casts and renal epithelia as they have often been in his case. And I might go on enumerating examples.

The subject is a large one, which I cannot cover in a letter. I believe, however, that if you will estimate your solids in connection with your kidney cases, you will find them of the same service which they have proved to me. They are not absolutely infallible; but they are very useful in first directing attention to the kidneys, and then in assisting to a correct conclusion where we need light from every source obtainable.

Yours, very truly,
GEO. M. DILLOW.

To J. C. MORGAN, M.D., Philadelphia.

PÆDOLOGICAL NOTES.—In the July number of the *Homœopathic Journal of Obstetrics*, Dr. Deschere gives a number of extremely practical points in pædological therapeutics. Among his recommendations are the following: *Benzoic acid* in diarrhœa, stomatitis, tonsillitis, whooping cough, and enuresis when accompanied by extremely strong-smelling urine. Ulcerations in the corners of the mouth suggest *Nitric acid*; a crack in the middle of the lower lip, with or without ulcers in the corner of the mouth, *Hepar*; *Oxalic acid* will cure ailments aggravated from eating sweets. *Argentum nitricum* will be indicated when there is excessive craving for sugar, but only the diarrhœa may be aggravated by it. *Alumina* in diarrhœa with marasmus during dentition, especially with naturally anæmic children borne by anæmic mothers, who suffer occasionally with leucorrhœa. A profuse discharge of loud flatus during the diarrhœa, especially of a dysenteric form, suggests *Argentum nitricum*. A corresponding symptom will indicate it in whooping cough and that in belching during the paroxysm. The author uses *Naphthalin* in cases of whooping cough void of indicating symptoms. In paroxysmal affections, he prescribes the remedy to be used immediately after an attack, as he thinks the organism more sensitive then to reactive efforts. *Indigo*, in whooping cough with profuse nose-bleeding during every paroxysm especially if the bleeding is from the right nostril. Excessive lachrymation during the cough indicates *Natrum mur.*, while *Euphrasia* will be indicated by the same symptom, the child, however, coughs only during the daytime.

In treating diarrhœic affections in children during the summer months, Dr. Deschere finds that one remedy will generally cover most of the cases. He then closes his paper with a number of keynote symptoms, indicating well-known drugs in gastro-enteric affections.


[October,

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
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Editor, *Business Manager,*
PEMBERTON DUDLEY, M.D. BUSHROD W. JAMES, M.D.

Vol. VIII. Philadelphia, Pa., October, 1886. No. 10.

 The Editor is responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors.

Editorial.

THE PENNSYLVANIA STATE SOCIETY'S MEETING.—The Homœopathic Medical Society of the State of Pennsylvania held its twenty-second annual session in this city in the new college building, on September 20th, 21st, 22d, and 23d. A complete report of the proceedings will appear in our November number. The evening session on September 20th was devoted to the transaction of preliminary business and to listening to the annual address of the President, Dr. David Cowley, of Pittsburgh. Dr. Cowley called the attention of the Society to the pressing need by the people of Pennsylvania of an insane asylum under homœopathic control. As homœopathists are at present situated, they must treat their insane patients at home or else place them under treatment in one of the State asylums, all of which are, at the present time, in charge of allopathists. These institutions are, moreover, greatly overcrowded, so that the erection of a new insane asylum by the State is not likely to be long postponed. When such a course is decided upon, then is the time for homœopathists to make application that the new building be placed under their charge, for there can then be no objection to their request on the ground of lack of State funds. It will cost no more to place such an institution in the hands of homœopaths than it would to turn it over to the

allopaths. On the contrary, the annual saving in the expenditures for drugs would be a strong argument in favor of our practice, to say nothing of the better results obtained in the treatment of the insane.

Another recommendation of the President was that the Bureau of *Materia Medica* be appointed for a continuous term of service of five years, in order to give the members thereof an opportunity for instituting thorough and prolonged research into subjects pertaining to our *materia medica*. Heretofore, the Bureaus of *Materia Medica* in our various societies have not reported papers of such importance as the subject demands. While presenting many excellent reviews and studies of the action of drugs as set down in our text-books, they but rarely make the effort to prove new drugs or reprove old ones. One reason for this is lack of time. Nothing of any importance can be accomplished in one year. The field to be explored is too great. The composition of the committee appointed to report on this subject at the meeting in 1887, consisting as it does of Drs. Mohr, Korndorfer, Lilienthal, Miller and others, is such that we may feel well assured that the interests of our *materia medica* will by no means be neglected.

The Treasurer's report was also a matter of congratulation to the Society. During the past year the Society was self-sustaining, although there still remained quite a considerable balance due the Treasurer for moneys advanced in previous years.

Of the matter presented by the various bureaus, we can speak only in praise. A proper sentiment among the members, and which, by the way, grows stronger year by year, against the presentation of rehashes of text-book subjects, has abolished such papers almost entirely from the programme. Of the papers, we will single out but one for special mention, that by Prof. John W. Dowling, M.D., of New York, on *Lithæmia*. So able and interesting was this paper, that notwithstanding its presentation occupied three-quarters of an hour the speaker held the unflagging interest of his auditors to the end. The election of Dr. Dowling to honorary membership in the Society was an honor well deserved by that gentleman. Of the other papers, we may say that they were good, and of such a character as to make us feel proud of our State Society. The number of papers presented was also noteworthy, no less than fifty members presenting essays. With such an extensive programme an unusually long session of three days and one evening was necessary, and even then, the Society was cramped for time. The attendance at the meeting was unusually large.

While at no time was there more than one hundred and twenty-five present at the meeting, the actual number of physicians in attendance was much larger. The building of the Hahnemann Medical College was thrown open for inspection during the week, and that attracted alumni of the college, many of them now eminent physicians, from all sections of the country. Next year, the Society meets at Pittsburgh, when will be celebrated the semi-centennial anniversary of the introduction of homœopathy west of the Allegheny Mountains.

THE CHARLESTON EARTHQUAKE AND THE MEDICAL PROFESSION.—The earthquake which so recently devastated Charleston has produced a great deal of suffering, from which the medical profession of that city has not by any means escaped. Notwithstanding the fact that physicians were sufferers alike with the other citizens, the despatches to our daily newspapers announce that the members of this noble profession have all remained at their posts in the stricken city ministering to the needs of those injured. We are further informed that their services have been cheerfully given *and without pay*; yet these same physicians, as well as their fellow citizens, are sufferers from the earthquake's effects. They are not by any means rich men. A letter written by one of them to a New York physician and published in the *Medical Record* of September 11th, 1886, well shows this: "We are distressed," he writes, "almost beyond endurance. Our women and our children are our sources of anxious solicitude. May God protect them in the open field, tenting in the night air! My entire family—wife and four children, the oldest eleven years of age—are out of house and home, like hundreds of other sufferers."

Could there be any greater self-sacrifice than that shown by the suffering physicians of Charleston? Themselves needy they steadfastly refuse to take from their needy fellow-sufferers.

The New York *Medical Record* appeals to its readers to help those of our profession who are in distress, and announces its readiness to receive subscriptions for this purpose. It has already received three hundred dollars, but much more than this will be needed. We, therefore, also appeal to our readers asking them to assist in this good work. Whatever aid is to be given should be rendered at once, as the needs of the sufferers are urgent.

BOOK REVIEWS.—The review, which appears in this number, over the initials L. A. P., is from the pen of Dr. L.

A. Phillips, of Boston. We would be pleased, at all times, to receive reviews of new publications from physicians who are specially interested in the subject of which the book treats.

Notes and Comments.

PEPTONIZING FERMENT IN FIGS.—Dr. Hansen has discovered that figs contain a peptonizing ferment which acts on starch and sugar.

ADVERTISING EXTRAORDINARY.—An enterprising manufacturer of a well-known infant's food obtains from the offices of registration of births, the names of those who have recently been blessed by offspring. He then sends said parties an order on a neighboring druggist for one box of his preparation.

New Publications.

A DECALOGUE FOR THE NURSERY. By S. J. Donaldson, M.D. Boston: Otis Clapp & Son. 1886.

Having just read Dr. Donaldson's *Decalogue for the Nursery*, we are so strongly impressed with its great value as an instructor to mothers and nurses as thus a means of protecting and enhancing the health, comfort, and happiness of our little ones, that we desire to call the special attention of the medical profession to this little work, feeling confident that upon examination they will find it to supply a need, which they cannot fail to recognize as existing in almost every household which is blessed with young children and to realize that they could in no way render a more effective service to their patrons than by recommending it to every mother and nurse as a guide and counsellor.

First of all and prominently, are considered the means and the measures the conditions and habits by which health may be preserved, and sickness and suffering avoided, *e. g.*, the air to be breathed, the temperature of rooms, dress, bathing, bodily posture, and exercise, need of sunlight, etc., etc.; and these are not only treated clearly and plainly, but the author gives force and authority to his instructions by offering physiological and rational illustrations and explanations; *why* one course promotes and another as surely favors or even produces disease,—and this to us is one of its chief charms. Many of us are not inclined to be guided by an arbitrary dictum, but will appreciate and act upon advice for which an intelligent and indubitable reason is given. This same characteristic is found also in the chapters upon diet, or the adaptation of foods to the requirements of different conditions and ages—methods of feeding, as well as on the use and abuse of medicines when they are required.

The author's strictures upon the abusive treatment of children by some physicians, may seem severe, but cannot be said to be unjust, as he simply

analyzes their treatment as reported by themselves, and his reason for referring to it, as also to dangers from patent medicine, is evidently from no sinister motive, but to emphasize and compare a better and more humane method. Instructions for the management of the diseases of childhood, which he intends shall guide the attendants when a physician's counsel is not available, or until such advice can be procured, are simple, plain, and generally excellent, though different physicians might differ with him as well as among themselves as regards some matters in this chapter. Finally, in a chapter entitled "The Nursery Scrap-Basket," are gathered together many valuable facts, suggestions, and bits of useful information. Taken all in all, we believe this *Decalogue for the Nursery* to be the most valuable publication of its kind which has ever come into our hands, and one which every physician as well as every nurse and mother should read. . L. A. P.

PUBLICATIONS RECEIVED.

From William Wood & Co., of New York:

- A TREATISE ON ELECTROLYSIS. By Robert Amory, M.D. Being Vol. VIII. of Wood's Library of Standard Medical Authors for 1886.
 RHEUMATISM: ITS NATURE, ITS PATHOLOGY, AND ITS SUCCESSFUL TREATMENT. By T. J. MacLagan, M.D. Being Vol. IX. of Wood's Library of Standard Medical Authors for 1886.

From D. Appleton & Co., of New York:

- PARALYSIS: CEREBRAL, BULBAR, AND SPINAL. By H. Charlton Bastian, M.A., M.D., F.R.S.
 A TREATISE ON THE PRACTICE OF MEDICINE. By Roberts Bartholow, M.D.
 ANALYSIS OF THE URINE. By K. B. Hoffman and R. Ultzmann.

Gleanings.

ALCOHOL IN HOSPITALS.—Dr. Drysdale, leading physician of the Metropolitan Free Hospital of London, England, lately read a paper before the British Medical Temperance Association on the above topic, in which the following conclusions were prominent: 1. Alcohol is not a real food, but must be classed among the anæsthetics in company with ether and chloroform; hence it ought not to be used as an article of ordinary diet. 2. The treatment of fevers by alcohol in large quantities is inferior to the treatment by cold and ordinary diet. 3. There is no clear proof that alcohol is changed into carbonic acid and water in the system; and, at any rate, part of it remains unchanged for as much as twelve hours in the system, irritating the internal organs. 4. Moderate amounts of alcohol neither raise nor lower the temperature, but excite the heart's action, and in some cases, in small doses, less than one ounce gives appetite. 5. In large and stupefying doses, alcohol lowers the temperature. 6. The amount of alcohol administered in various hospitals is so wanting in uniformity as to show that there is no settled opinion in the profession at present as to its value. 7. It would be well, when alcohol is prescribed in clinical hospitals, that some exact amount of it should be prescribed, and not a varying amount of an alcoholic fluid not analyzed. 8. The London Temperance Hospital

experiment seems to indicate that many diseases do well without the use of any alcohol which previously were thought to require it. 9. Hence, whilst the modesty of science forbids us to say that alcohol will prove useless in any given disease, it seems advisable for patients in hospitals to have that drug administered to them with far greater caution than has hitherto been the case. And it would seem also to follow that all mere dietaries should be free from the routine use of alcohol, which should in all cases in hospitals be distinctly ordered to the patient by his medical adviser.—*Medical News*, August 7th, 1886.

INSANITY CURED BY ERYSIPELAS.—Dr. H. Launderer relates the history of a case of melancholia of seven months' standing and progressing towards incurable dementia, in which the patient, a young girl, recovered completely from her mental affection simultaneously with the subsidence of an attack of facial erysipelas spreading to the scalp. Two or three years had elapsed when the report was made, and she still maintains perfect health.—*New York Med. Journ.*, August 21st, 1886.

ANÆSTHESIA BY SUGGESTION.—Dr. Pitres relates in the *Journal de Médecine de Bordeaux* a case which well illustrates the power of hypnotic suggestion in producing anæsthesia. The patient was an hysterical woman, easily hypnotizable, who was suffering from a very painful phlegmon on the left thigh following a hypodermic injection. The abscess was the seat of acute shooting pains and could not be touched without causing the patient to scream. Dr. Pitres proposed to put the woman to sleep by hypnotism, then to order her to allow the abscess to be opened without feeling any pain, either during or after the operation and finally to wake her up and make the incision. This was done as proposed; a dissection was made down upon the abscess, which was emptied of the pus, cleaned and dressed. During all this time the patient watched the proceedings with a smile, and expressed astonishment that the abscess could be opened without giving her the slightest discomfort.—*Medical Record*, September 18th, 1886.

PROVING OF IRIS MINOR.—Dr. George Wigg, of Portland, Oregon, has made a short proving of *Iris minor*, a small plant growing in clayey ground and on the hill-sides in Oregon. The symptoms observed by him were the following: Sense of burning in the mouth which increased until the throat and fauces felt as if on fire; cold water did not relieve the symptoms. Mouth dry and free from saliva; gloomy in spirits. At 5 A.M. he awoke with a dull aching in both temples and an itching in both eyes; could not go to sleep again, but kept turning the pillow over as the cool side would relieve the pain; symptom passed off at 8.30 A.M. Passed urine of a brownish color and continued to do so every fifteen minutes for two hours. Pain in second left upper molar tooth which appears about a half-inch too long. Upon standing up, a sinking all-gone feeling in the stomach, which caused him to vomit up a quantity of greenish-yellow slime, not bitter. This symptom passed off after drinking a cup of black tea. Awoke at 6 A.M., with an itching all over the scalp; he thought it due to dandruff; one hour later he brushed the head with a stiff brush; five minutes after, the whole scalp was burning severely, and at the same time the eyes began to smart. The eyes did not water, however. Cutting pain in the abdomen, more severe on the right side. Pressure upon the ileo-cæcal region caused a deathly sensation at the pit of the stomach. Courage all gone; he could not keep from crying. Hard chill at 2 P.M., lasting twenty minutes. After the chill temperature was 102° F. As it decreased, a moderate perspiration appeared. The painful spot over the ileo-cæcal region did not disappear for fourteen days.—*Medical Advance*, September, 1886.

News, Etc.

PERSONAL.—Dr. Clarence Bartlett, Corresponding Secretary of the Pennsylvania State Society, has removed to 1506 Girard Avenue, Philadelphia.

Mrs. Mary Wesselhøft, the wife of Dr. Walter Wesselhøft, died at London from an overdose of ether, taken for the relief of an attack of asthma.

GOOD NEWS.—Two donations of \$100,000 each have been given to found a homœopathic hospital in Detroit, Michigan.

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION will hold its Third Annual Meeting at New Orleans, La., on Wednesday, Thursday, and Friday, December 8th, 9th, and 10th, 1886.

The two previous meetings have been well attended; the interest has steadily increased and this year a full attendance of all southern physicians is expected. Six bureaus will be ably represented.

Let all who are interested in the growth of homœopathy make preparations to attend, and gain both pleasure and profit in the Crescent City.

A. L. MONROE, M.D.,

President, Louisville, Ky.

C. G. FELLOWS, M.D.,

Rec. Sec'y, New Orleans, La.

DEDICATION WEEK AT THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—The new and handsome building of the Hahnemann Medical College was thrown open for the inspection of visitors on Monday, Sept. 20th, 1886. Invitations to be present at the exercises of the week had been sent to every homœopathic physician of the country, and to all of the old school physicians of Philadelphia. Visitors were entertained by a reception committee, consisting of Drs. John E. James, Daniel Karsner, I. G. Smedley, J. William Giles, H. I. Jessup, J. N. Mitchell, O. S. Haines, E. L. Oatley, E. R. Snader, and several ladies appointed by the Woman's Association of the Hahnemann College Hospital.

At the dedication exercises which were held on the evening of September 21st, fully fifteen hundred persons were in the building. The exercises went on in the lower lecture-room, but hundreds of guests, despairing of getting an inch of space in there, found plenty to interest them in wandering through the building and inspecting its well-equipped departments. William McGeorge, Vice-president of the college trustees, presided. Dr. A. R. Thomas, Dean of the Faculty, was master of ceremonies. After an excellent orchestra of strings had played some lively music, the Rev. William Everest, D.D., offered up a prayer, Mr. McGeorge made an address, congratulating the college on the growth of homœopathy, and then the Rev. Dr. McVickar, of Holy Trinity, made the dedicatory prayer. After some more music, Dr. Joseph C. Guernsey presented the college with a portrait of Hahnemann, that had been in possession of his father, a former dean of the college faculty, the late Dr. H. N. Guernsey, for twenty years. There was music again, and after that addresses were delivered by Ex-governor Pollock, President of the Board of Trustees thirty years ago, Professor I. Tisdale Talbot of Boston, and Dr. James H. McClelland, President of the Alumni Association.

Letters of regret from Gov. R. E. Pattison, Dr. F. H. Orme and numerous others were read. Among those present were, George C. Thomas, Lemuel Coffin, Mrs. Joseph Lovering, Mrs. J. H. Burling, W. B. Stoeve, Mrs. V. L. Bradford, Rev. William M. Jefferis, Joel J. Baily, Charles Spencer, Mrs. Spencer, John Sartain, Speaker E. A. Armstrong, of the New Jersey House of Assembly, Rev. W. C. Rommel, Mr. and Mrs. George C. Boldt, Conrad B. Day, John F. Smith, John E. Baird, Dr. David Cowley, Pittsburgh; Dr. J. F. Cooper, Allegheny; Dr. T. L. Brown, Binghamton; William Spencer, Germantown; Rev. Dr. J. B. McCullough, Rev. J. T. Satchell, Dr. J. B. Wood, West Chester; Dr. C. H. Lawton, Wilmington;

Commodore Gherardi, Dr. James Kitchen, Mrs. Dr. R. J. McClatchey, Mrs. Dr. Samuel Freedley, B. H. Bartol, J. Lewis Crozer, Dr. G. B. Peck, Providence; Mrs. Dr. Hering, Judge Fell, Mrs. Dr. Williamson, Mrs. Dr. H. N. Guernsey, Mrs. Dr. E. A. Farrington, Dr. L. H. Willard, Allegheny; Dr. W. J. Martin, Pittsburgh; Dr. Z. T. Miller, Pittsburgh; Dr. Hugh Pitcairn, Harrisburg; Dr. E. Cranch, Erie; Dr. A. P. Bowie, Uniontown; J. Barton Moorhead, Rev. George Dana Boardman, D.D., Thomas C. Hill, Mrs. Ada E. M. Thomas, F. E. Boericke, Lewis F. Redner, Frederick Sylvester, Mrs. J. W. McAllister, Mrs. Simon Waln, Miss Sallie Waln, Rev. J. F. Crouch, Edward Magill, Mrs. J. S. Lovering, Rev. W. W. Evarts, William M. Runk.

The Committee of Arrangements comprised Dr. A. R. Thomas, W. Hobart Brown, Dr. J. C. Guernsey, Francis W. Kennedy, Dr. Pemberton Dudley, Dr. Horace F. Ivins, Dr. Clarence Bartlett, Dr. W. W. Van Baun, Dr. John K. Lee, and Dr. I. G. Smedley.

On Wednesday evening, September 22d, the Alumni Association held a reunion. The President of the Association, Dr. J. H. McClelland, of Pittsburgh, occupied the Chair. Dr. McClelland introduced Dr. A. R. Thomas, Dean of the College Faculty, who delivered the address of welcome. He urged the members of the Society to put forth every effort to influence the State Board of Charities and the State Legislature to secure to the homœopathic school of practice a fair share of the State aid which is extended to the hospitals of other schools.

Dr. McClelland made a short and hearty address in response to the Dean's speech, in which he spoke with pride of his connection with the Hahnemann College, and, speaking for the Alumni, pledged them to come to the help and pecuniary support of the College.

Remarks that had been prepared for delivery by Prof. J. P. Dake, were read, in the absence of that gentleman, by Prof. Pemberton Dudley. The speaker referred to the early history of the College and to its influence on homœopathy all over the world. In closing, he rendered the highest praise and sincerest thanks to those who founded and those who have matured and enlarged "our Alma Mater," "*The Homœopathic College of Pennsylvania*," now known and honored as "*The Hahnemann Medical College of Philadelphia*."

Prof. I. T. Talbot, of Boston, was next introduced in most fitting terms by President McClelland, who told of Prof. Talbot's great work as an organizer in the American Institute, and of his arduous labors in behalf of homœopathy in Massachusetts. Dr. Talbot replied in a neat and happily worded address on the "Alumni of the Present."

Dr. William W. Van Baun, of Philadelphia, Secretary of the Alumni, then read an address written by Prof. T. G. Comstock, M.D., of St. Louis, in which was forecast what the writer believed to be the future destiny of the homœopathic school of practice.

The exercises in the lecture-room closed with an address by Professor J. W. Dowling of the Homœopathic Medical College of New York. As the representative of the New York College Faculty he congratulated the Philadelphia Faculty on their fine building and its excellent appointments. He then alluded in a feeling and touching manner to his early experiences as a medical student, among which he told of his first meeting with his lifelong friend, Prof. Helmut, of New York. Dr. Dowling was loudly applauded at the close of his remarks.

President McClelland then proposed three cheers for the New College. These were given with a will, after which those assembled adjourned to the Society room for refreshments.

MINNESOTA HOMŒOPATHIC COLLEGE.—The first faculty of this College has been chosen and is as follows: Philo L. Hatch, M.D., Professor of Ob-

stetrics; David M. Goodwin, M.D., Professor of the Principles and Practice of Surgery; Henry W. Brazie, M.D., Professor of Physiology; Albert E. Higbee, M.D., Professor of Gynecology; John F. Beaumont, M.D., Professor of Ophthalmology and Otology; George E. Ricker, M.D., Professor of Theory and Practice of Medicine; William E. Leonard, M.D., Professor of Materia Medica and Institutes; Robert D. Matchan, M.D., Professor of Clinical Surgery; S. M. Spaulding, M.D., Professor of Mental and Nervous Diseases; Pearl M. Hall, M.D., Professor of Clinical Medicine and Physical Diagnosis; Martha G. Riphey, M.D., Professor of Pædology; Samuel A. Locke, B.S., M.D., Professor of Anatomy; S. Francis Brown, M.D., Professor of Chemistry and Toxicology; Hon. Henry G. Hicks, Professor of Medical Jurisprudence; Cyrus F. Mitchell, M.D., Demonstrator of Anatomy; and Asa S. Wilcox, M.D., Adjunct to Chair of Surgery.

DR. BUSHROD W. JAMES, our business manager, during the past summer, made a recreating tour by sea to the beautiful island of Newfoundland with its long stretch of precipitous cliffs and rocky shores, returning by way of Nova Scotia, Prince Edward's Island, and the shores of the Bay of Fundy, with its high tides. He is in the "high tide" of health, and has just entered upon a new homœopathic enterprise for Philadelphia, in establishing a private "*Surgery*," where the major surgical operations in eye, general surgery, and gynecology can be performed and the cases cared for with the best sanitary and antiseptic precautions, under the treatment of the surgeons who may desire to operate upon and treat private patients therein.

There are eleven rooms, besides two offices, reception-room, dining-room, etc. It will open the first week in October.

BUREAUS AND COMMITTEES OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.—1. *Clinical Medicine and Special Therapeutics.*—J. W. Dowling, 313 Madison Avenue, New York, Chairman; Clarence Bartlett, Philadelphia, Pa., Secretary; J. S. Mitchell, Chicago, Ill.; George M. Dillow, New York, N. Y.; Charles Dake, Hot Springs, Ark.; A. L. Kennedy, Boston, Mass.; Frank L. Vincent, Troy, N. Y.; Asa S. Couch, Fredonia, N. Y.; W. J. Martin, Pittsburgh, Pa.; R. F. Baker, Davenport, Ia.; G. H. Wilson, Meriden, Conn. Subject: "Diseases of the Kidneys and Bladder."

2. *Materia Medica and General Therapeutics.*—H. M. Hobart, 402 Centre Street, Chicago, Ill., Chairman; A. C. Cowperthwaite, Iowa City, Ia.; S. Lilienthal, New York, N. Y.; T. F. Allen, New York, N. Y.; G. W. Winterburn, N. Y.; A. W. Woodward, Chicago, Ill.; Charles Mohr, Philadelphia, Pa.; C. L. Cleveland, Cleveland, O. Subject: "Remedies Causing Disturbed Sleep."

3. *Surgery.*—L. H. Willard, Allegheny City, Pa., Chairman; J. E. Jones, West Chester, Pa., Secretary; W. T. Helmuth, New York City, N. Y.; G. A. Hall, Chicago, Ill.; I. T. Talbot, Boston, Mass.; J. H. McClelland, Pittsburgh, Pa.; N. Schneider, Cleveland, O.; W. L. Jackson, Roxbury, Mass.; C. M. Thomas, Philadelphia, Pa.; H. L. Obetz, Ann Arbor, Mich.; S. B. Parsons, St. Louis, Mo.; A. Boothby, Boston, Mass.; C. E. Walton, Hamilton, O.; John E. James, Philadelphia, Pa.; E. H. Pratt, Chicago, Ill.; W. E. Green, Little Rock, Ark.; W. D. Foster, Kansas City, Mo.; M. R. Hunt, Delaware, O. Subject: "Hip-joint Disease." "Etiology, Diagnosis, and Prognosis," N. Schneider; "Pathology," W. L. Jackson; "Mechanical Treatment," G. A. Hall; "Therapeutics," J. E. James.

4. *Organization, Registration, and Statistics.*—T. Franklin Smith, 2264 Sixth Avenue, New York, Chairman; I. T. Talbot, Boston, Mass.; W. E. Leonard, Minneapolis, Minn.; C. E. Fisher, Austin, Texas; Millie J. Chapman, Pittsburgh, Pa. Subjects: (1) "Statistics of Institutions;" (2) "List and Present Status of Elected Members;" (3) "Autobiographies of Present Members;" (4) "Photographic Group of Present Members."

5. *Obstetrics.*—Millie J. Chapman, 916 Penn Avenue, Pittsburgh, Pa.,

Chairman; G. B. Peck, Providence, R. I., Secretary; R. N. Foster, Chicago, Ill.; Emily V. D. Pardee, S. Norwalk, Conn.; Phoebe J. B. Waite, New York, N. Y.; J. N. Mitchell, Philadelphia, Pa.; C. E. Fisher, Austin, Texas; C. G. Higbee, St. Paul, Minn.; W. Wesselhoft, Cambridge, Mass.; Hugh Pitearn, Harrisburg, Pa. Subject: "Accidents and Diseases that complicate Gestation and the Puerperal State."

6. *Gynecology*.—S. P. Hedges, Central Music Hall, Chicago, Ill., Chairman; Phil. Porter, Detroit, Mich., Secretary; L. A. Phillips, Boston, Mass.; R. Ludlam, Chicago, Ill.; M. T. Runnels, Kansas City, Mo.; J. C. Wood, Ann Arbor, Mich.; O. S. Runnels, Indianapolis, Ind.; B. Frank Betts, Philadelphia, Pa.; S. J. Donaldson, New York; Edward Blake, London, England. Subject: "Uterine Disorders: Methods of Treatment and Medication." "Hot Water as a Topical Application," R. Ludlam; "Intra-uterine Medication," L. A. Phillips; "The Local Action of Iodoform, Iodine, Iodized Phenol, Tannin, Calendula, and Hydrastis," O. S. Runnels; "Topical *versus* Internal Medication," J. C. Wood; "Dilatation as a Curative Measure," E. Blake; "Uterine Deviations," M. T. Runnels; "Electricity: Its Application," B. F. Betts; "Postural Treatment," S. J. Donaldson; "Intra-uterine Stems," S. P. Hedges; "Pessaries: Their Application," Phil. Porter.

7. *Pedology*.—C. D. Crank, 106 Auburn Avenue, Cincinnati, O., Chairman; B. F. Dake, Pittsburgh, Pa., Secretary; P. E. Arcularius, New York City; W. A. Edmunds, St. Louis, Mo.; W. Von Gottschalk, Providence, R. I.; J. R. Kippax, Chicago, Ill.; W. H. Bigler, Philadelphia, Pa.; William Owens, Cincinnati, O.; M. O. Terry, Utica, N. Y. Subject: "Skin Diseases of Infancy and Early Childhood." "General Considerations," C. D. Crank; "Internal Therapeutic Treatment," B. Frank Betts; "External Treatment," P. E. Arcularius; "Hygienic Treatment," W. A. Edmunds; "Relations of Food and Feeding," William Von Gottschalk; "The Relation of Vaccination, Dentition, and Eruptive Fevers," W. H. Bigler; "Suppressed Eruptions," M. O. Terry; "Clinical Experiences and Observations," J. R. Kippax; "Review and Criticisms," William Owens.

8. *Ophthalmology, Otology, and Laryngology*.—C. H. Vilas, Central Music Hall, Chicago, Ill., Chairman; F. Park Lewis, Buffalo, N. Y., Secretary; T. P. Wilson, Ann Arbor, Mich.; J. A. Campbell, St. Louis, Mo.; W. H. Winslow, Pittsburgh, Pa.; B. W. James, Philadelphia, Pa.; H. C. French, San Francisco, Cal.; H. P. Bellows, Boston, Mass.; H. C. Houghton, New York, N. Y.; D. J. McGuire, Detroit, Mich.; G. S. Norton, New York, N. Y.; E. H. Linnell, Norwich, Conn.; J. H. Buffum, Chicago, Ill.; E. W. Beebe, Milwaukee, Wis.; H. K. Bennett, Fitchburg, Mass. Subject: "Tumors of the Eye, Ear, and Throat."

9. *Sanitary Science*.—H. E. Beebe, Sidney, O., Chairman; Charles E. Jones, Albany, N. Y.; B. W. James, Philadelphia, Pa.; E. U. Jones, Taunton, Mass.; R. F. Baker, Davenport, Ia.; D. H. Beckwith, Cleveland, O.; Joseph Jones, San Antonio, Texas; G. H. Wilson, Meriden, Conn.; William Owens, Cincinnati, O.; W. B. Chamberlain, Worcester, Mass.; A. S. Everett, Denver, Col.; A. K. Crawford, Chicago, Ill.; G. M. Ockford, Lexington, Ky.; H. R. Stout, Jacksonville, Fla. Subject: "Climatology."

10. *Psychological Medicine*.—Henry B. Clarke, New Bedford, Mass., Chairman; H. E. Russeque, Hartford, Conn., Secretary; S. H. Talcott, Middletown, N. Y.; J. D. Buck, Cincinnati, O.; Helen M. Bingham, Milwaukee, Wis.; W. P. Wesselhoft, Boston, Mass.; E. H. L. McClure, Philadelphia, Pa.; Julia H. Smith, Chicago, Ill.; N. Emmons Paine, Westboro', Mass.; M. S. Williamson, Philadelphia, Pa.; W. H. Holcombe, New Orleans, La. Subject: "Habits."

11. *Anatomy, Physiology, and Pathology*. (Including Microscopy and Histology).—John C. Morgan, 108 South 17th Street, Philadelphia, Pa.,

Chairman; W. H. Dickinson, Des Moines, Ia., Secretary; W. Von Gottschalek, Providence, R. I.; C. Wesselhoeft, Boston, Mass.; Sophia Penfield, Danbury, Conn.; John A. Rockwell, Norwich, Conn.; William Owens, Cincinnati, O.; G. W. Winterburn, New York, N. Y.; F. Park Lewis, Buffalo, N. Y.; A. R. Thomas, Philadelphia, Pa.; H. B. Fellows, Chicago, Ill.; C. Mohr, Philadelphia, Pa.; A. A. Whipple, Quincy, Ill.; Phil Porter, Detroit, Mich.; N. Schneider, Cleveland, O.; W. A. Edmunds, St. Louis, Mo.; A. Wanstall, Baltimore, Md.; H. R. Arndt, Grand Rapids, Mich.; George M. Dillow, New York, N. Y.; W. B. Van Lennep, Philadelphia, Pa.; Subject: "Malarial Pathology."

STANDING COMMITTEES.—12. *Drug Proving*s.—E. M. Hale (one year), Chicago, Ill.; Charles Mohr (two years), Philadelphia, Pa.; C. Wesselhoeft (three years), Boston, Mass.; L. Sherman (four years), Milwaukee, Wis. A. W. Woodward (five years), Chicago, Ill.; T. F. Allen (six years), New York, N. Y.; H. R. Arndt (seven years), Grand Rapids, Mich.

13. *Pharmacy*.—C. W. Butler, Montclair, N. J., Chairman; Lewis Sherman, Milwaukee, Wis.; A. C. Cowperthwaite, Iowa City, Ia.; T. F. Allen, New York, N. Y.; C. Wesselhoeft, Boston, Mass.; G. M. Dillow, New York, N. Y.; Edw. Rushmore, Plainfield, N. J.

14. *Medical Education*.—T. Y. Kinne, Paterson, N. J., Chairman; J. P. Dake, Nashville, Tenn.; A. I. Sawyer, Monroe, Mich.; R. W. McClelland, Pittsburgh, Pa.; C. A. Bacon, New York City, N. Y.; H. B. Clarke, New Bedford, Mass.

15. *Intercollegiate*.—I. T. Talbot, 66 Marlboro' St., Boston, Mass., Chairman; Pemberton Dudley, Philadelphia, Pa., Secretary; 1. W. Boericke, San Francisco, Cal.; H. C. French, San Francisco, Cal.; 2. G. A. Hall, Chicago, Ill.; W. J. Hawkes, Chicago, Ill.; 3. J. S. Mitchell, Chicago, Ill.; R. N. Tooker, Chicago, Ill.; 4. A. C. Cowperthwaite, Iowa City, Ia.; W. H. Dickinson, Des Moines, Ia.; 5. C. Wesselhoeft, Boston, Mass.; 6. H. L. Obetz, Ann Arbor, Mich.; H. R. Arndt, Grand Rapids, Mich.; 7. S. B. Parsons, St. Louis, Mo.; J. A. Campbell, St. Louis, Mo.; 8. B. L. Paine, Lincoln, Neb.; 9. T. F. Allen, New York, N. Y.; J. W. Dowling, New York, N. Y.; 10. F. H. Boynton, New York, N. Y.; P. J. B. Waite, New York, N. Y.; 11. J. C. Saunders, Cleveland, O.; N. Schneider, Cleveland, O.; 12. J. D. Buck, Cincinnati, O.; C. D. Crank, Cincinnati, O.; 13. A. R. Thomas, Philadelphia, Pa.; C. Mohr, Philadelphia, Pa.

16. *Medical Legislation*.—A. I. Sawyer, Monroe, Mich., Chairman; W. J. Murrell, Mobile, Ala.; A. S. Everett, Denver, Col.; J. B. Custis, Washington, D. C.; T. S. Verdi, Washington, D. C.; R. Ludlam, Chicago, Ill.; R. F. Baker, Davenport, Ia.; G. H. T. Johnson, Atchison, Kan.; H. E. Spalding, Hingham, Mass.; A. A. Camp, Minneapolis, Minn.; L. S. Ordway, St. Louis, Mo.; O. S. Wood, Omaha, Neb.; H. M. Paine, Albany, N. Y.; J. R. Flowers, Columbus, O.; Hugh Pitcairn, Harrisburg, Pa.; W. Von Gottschalek, Providence, R. I.; J. P. Dake, Nashville, Tenn.; C. E. Fisher, Austin, Texas; J. V. Hobson, Richmond, Va.; Lewis Sherman, Milwaukee, Wis.

17. *Medical Literature*.—Pemberton Dudley, Philadelphia, Pa., Chairman; L. A. Falligant, Savannah, Ga.; A. K. Crawford, Chicago, Ill.; H. Packard, Boston, Mass.; J. B. G. Custis, Washington, D. C.

18. *Foreign Correspondence*.—T. M. Strong, Homœopathic Hospital, Ward's Island, N. Y.

19. *Railroad Fares*.—A. C. Cowperthwaite, Iowa City, Ia.

20. *Local Arrangements*.—Edward S. Coburn, Troy, N. Y., Chairman; S. J. Pearsall, Saratoga Springs, N. Y.; H. M. Paine, Albany, N. Y.; L. M. Pratt, Albany, N. Y.; C. E. Jones, Albany, N. Y.

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Original Department.

HYDRASTIS CANADENSIS.

BY CHARLES MOHR, M.D., PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS,
HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.

HISTORY AND DESCRIPTION.—This interesting plant (Order, *Ranunculaceæ*, Tribe, *Helleboræ*) was first mentioned in 1753 by Linnæus, in his *Species Plantarum*. At this time, he was only acquainted with the leaves of the plant, and, mistaking the genus, called it *Hydrophyllum verum canadense*. In 1759, he describes the plant, having received a specimen from John Ellis, and names it *Hydrastis*, doubtless on the authority of Ellis. In the same year, Miller accurately describes the plant, which had been sent to him from North America, under the name of yellow root, and named it *Warneria*, in honor of Richard Warner, a botanist in Essex. The most accepted common name is golden seal, adopted in the 1880 edition of the *United States Pharmacopœia*. In commerce, *Hydrastis* is still known as yellow root, and it has a number of local names. In botanical works, it is called orange root or yellow puccoon. When in fruit, it is called ground raspberry, from its resemblance to an herbaceous rubus. In old works, from its reputed value as an eye-wash, it receives the name of eye-balm or eye-root. From the yellow coloring matter, and the fact that it was used by the North American Indians as a dye for their clothing and implements, it has been named Indian paint, yellow paint, Indian dye, golden root, Indian turmeric, wild turmeric, curcuma, etc.

Hydrastis grows in patches, in rich, open, hilly woods, where leaf mould is abundant (not in "bog meadows," as erroneously given in several old English works, and in Wood's *Class-Book*). In the States of Ohio, Indiana, Kentucky, and

West Virginia, the plant grows most abundantly. In other States, north, south, east, and west of the four mentioned, the plant is common, but in Pennsylvania is quite rare. Cultivation of the lands, where *Hydrastis* once grew abundantly, results in its extermination.

The *rhizome*, when full grown, is from one and a half to two and a half inches in length, and from one-fourth to three-fourths of an inch in diameter. It is usually subdivided and apt to form knotty clumps. The fresh rhizome is bright yellow, externally and internally. The dried rhizome is knotty, contorted and rough, the color, externally, being brownish yellow, and is reduced, as compared with the fresh rhizome, about one-half in diameter. Cup-like projections on the upper side of the growing rhizome, near the stem, mark the positions of former annual stems, and these give the plant the name of golden seal. The *rootlets* are fibrous, sparsely distributed upon the upper surface, but abundantly upon the sides and under surface. When fresh, they are from three to six inches long, and quite leathery. When dry, they are very brittle, and, in commerce, the rhizome is nearly always bare of rootlets. The *stem* is simple, thick, hairy, surrounded at its point of issuance from the root-stalk by several oblong, greenish-yellow, leafy bracts; its length is usually from six to twelve inches at the flowering time. The *leaves* are two in number, near the summit of the stem; they are alternate, sessile, palmate, five to seven lobed, veins prominent on under side. At flowering time, the leaves are only partly developed, after the flowering time they are six to ten inches in diameter. The *flowers* are small, white, and last only a few days, and appear singly upon a peduncle about an inch long, rising from the base of the upper leaf, which is only partially unfolded when the flower opens. The *sepals* are only seen in the bud, as they are caducous, falling away when the flower expands. The *stamens* are numerous, have white filaments, and are the most conspicuous part of the flower. The *fruit* ripens in July, turning from green to bright red. It is borne on an erect stalk, about an inch long, resembling a large red raspberry.

CONSTITUENTS.—*Hydrastis* contains three alkaloids, *Hydrastine*, *Berberine*, and *Xanthopuccine*, an unnamed resin, and some other constituents, but of no interest in medicine.

Hydrastine was discovered by A. B. Durand in 1850. The crystals have a maximum length of eight to ten millimeters, have the form of four-sided prisms, and belong to the ortho-

rhombic system. This alkaloid can be crystallized in glassy, colorless and brilliant crystals, but they are mostly opaque and white, owing to numerous fractures. Hydrastine is insoluble in water, quite soluble in ether and cold alcohol, freely soluble in hot alcohol and in chloroform, the latter being the best solvent. Hydrastine unites with acids to form salts, which are mostly soluble. The muriate and citrate are both used in medicine, the former most extensively. They are both very soluble, and are colorless, although the muriate turns yellow by prolonged heat. Alkalies decompose solutions of the salts of Hydrastine, the alkaloid being precipitated.

Berberine, in *Hydrastis*, was discovered by J. Dyson Perrine, of England, but was first announced as identical with the *Berberine* of *Berberis vulgaris*, and other plants, by F. Mahla, of Chicago. This alkaloid crystallizes in tufts of dark, brown-red needles. It has a pure and lasting bitter taste, and is odorless. It readily forms super-saturated solutions with alcohol and water, and is practically insoluble in sulphuric ether or chloroform. *Berberine* is a strong base and unites with acids, forming beautiful crystalline salts. The muriate is extensively used in medicine, indeed, this was the first definite principle of *Hydrastis*, introduced into American medicine, and sold under the name of *Hydrastine*.

Xanthopuccine, the third alkaloid, was obtained by Herman Lerchen. It is found in the menstruum, after the extraction of *Berberine* and *Hydrastine*. Its color is yellow.

PHARMACEUTICAL PREPARATIONS.—The official preparations in the *United States Pharmacopœia* are:

1. Fluid extract of *Hydrastis*, made as follows:

“*Hydrastis*, in No. 60 powder, one hundred grammes; alcohol, water, each a sufficient quantity to make one hundred cubic centimetres.

“Mix three parts of alcohol with one part of water, and having moistened the powder with thirty grammes of the mixture, pack it firmly in a cylindrical percolator; then, add enough of the menstruum to saturate the powder, and leave a stratum above it. When the liquid begins to drop from the percolator, close the lower orifice, and, having closely covered the percolator, macerate for forty-eight hours. Then, allow the percolation to proceed, gradually adding menstruum, until the *Hydrastis* is exhausted. Reserve the first eighty-five cubic centimetres of the percolate. By means of a water-bath, distil off the alcohol from the remainder, and evaporate the residue to a soft extract; dissolve this in the reserved portion, and add

enough menstruum to make the fluid extract measure one hundred cubic centimetres."—*U. S. P.*, 1880.

This preparation, when freshly prepared, is transparent, but sometimes becomes muddy by age. A deposit often follows, even after a few days, especially if the extract has been prepared in cool weather. The deposit is largely made up of yellow crystals. This precipitate mostly dissolves when the container is heated, to re-precipitate when cooled. It has been found that the fluid extract, even when made from prime *Hydrastis*, lost 18.85 per cent. of its Berberine by precipitation within three weeks' time. Hence, the commercial fluid extracts cannot be of uniform strength.

2. Tincture of *Hydrastis*, made as follows :

"*Hydrastis*, in No. 60 powder, twenty parts. Diluted alcohol, a sufficient quantity to make one hundred parts.

"Moisten the powder with fifteen parts of diluted alcohol, and macerate for twenty-four hours ; then pack it in a cylindrical percolator, and gradually pour diluted alcohol upon it until one hundred parts of tincture are obtained."—*U. S. P.*, 1880.

The recognized method of preparing the so-called mother tincture in the homœopathic school is as follows :

"The fresh root is chopped and pounded to a pulp, and weighed. Then two parts, by weight, of alcohol are taken, and, after thoroughly mixing the pulp with one-sixth part of it, the rest of the alcohol is added. After having stirred the whole well, and poured it into a well-stoppered bottle, it is allowed to stand eight days in a dark, cool place. The tincture is then separated by decanting, straining and filtering.

"Drug power of tincture, $\frac{1}{6}$."—*American Homœopathic Pharmacopœia*.

This tincture, or essence, presents a reddish-orange color, by transmitted light ; it stains everything with which it comes in contact, deep yellow ; has a persistent, bitter taste, followed by burning ; has no characteristic odor, and has a slightly acid reaction.

The eclectics prepare a decoction, a hydro-alcoholic extract, and a tincture.

MEDICAL HISTORY.—The Indians of North America first used golden seal as a medicine, and introduced its domestic use among the early white settlers, but it was not until 1798 that it was introduced to the medical profession by Professor B. S. Barton, in the first part of his "Collections for an essay towards a *Materia Medica* of the United States." Rafinesque's

Medical Flora of the United States, published in 1828, devoted considerable attention to *Hydrastis*, and the next important publication of its medical properties appears in 1833 in the *Thomsonian Recorder*. From this time Prof. John King and the eclectics used the drug largely, and in 1852 in King's *Dispensatory* *Hydrastis* is spoken of as a remedy peculiar to eclectics, and is ranked among their best articles. From various advertisements of manufactured products of the plant, and frequent contributions from physicians who wrote for the *Eclectic Medical Journal* of Cincinnati, *Hydrastis* soon became popular. In 1856 Prof. E. M. Hale introduced the medicine to the homœopathic profession, and in 1860 it was made officinal in the *United States Pharmacopœia*. Of the dominant school, Prof. Roberts Bartholow has done most to bring the drug to the attention of his branch of the profession. In England the drug was employed by the homœopaths prior to 1860, the first public notice of its uses having appeared in the *British Journal* of that year, in an article by Dr. Hastings. In 1873 Dr. Van der Espt introduced the subject to the Royal Society of Medicine and Natural Sciences, of Brussels, Belgium, and quite recently the plant has excited some interest in Germany.

PHYSIOLOGICAL EXPERIMENTS.—To Professor Hale, of Chicago, must be accorded the credit of first ascertaining the effects of *Hydrastis* on the healthy human subject. Under him, provings were made by Drs. Nichols, Burt, and others, and appear in schema form in Hale's *New Remedies*. About the year 1866, provings were made by Drs. W. N. Whitesides, C. H. Weaver, and others, which appeared in the *American Homœopathic Observer* of that year. A year or two later provings with different dilutions, mostly the 30th, were made by a class of students of the Hahnemann Medical College of Philadelphia, under the supervision of Prof. Ad. Lippe. These combined provings show a limited but useful sphere of action. Its most marked effects are seen upon the mucous membranes throughout the body. At first there is simply an increase of the natural secretion, but soon becomes changed in quantity and quality. At first the mucous discharge is clear, then becomes white and tenacious, finally changing to yellow, thick, green, but always tenacious, and capable of being drawn out in long strings. The primary flux may pass on to erosion, mucopurulent discharge, and ulceration. The action is explained by Professor Hale as a primary capillary hyperæmia, next a passive stasis, together with a stimulation of the mucous

glands, and finally from exhaustion or atrophy, the sources of secretion being cut off, the membrane becomes dry, glazed, ulcerated, and its functions necessarily abolished. Its action on the skin is analogous, the provers recording erysipelatous rash on face, neck, hands, and fingers, with great heat and irritation, vesication, pustulation, and exfoliation. Nutrition is greatly modified by *Hydrastis*. At first the appetite is sharpened, digestion is more vigorous, and the body weight is increased, but under the continued use of the drug a gastrointestinal catarrh obtains, digestion fails, assimilation becomes imperfect, and constipation and hepatic torpor ensue. Clinically all these effects have been verified, and careful observations of the action of the medicine when administered to the sick have given rise to finer distinctions in homœopathic practice than the few good provings on the healthy body have afforded.

Professor Bartholow has made some experiments on frogs and rabbits, and proves that the alkaloid *Hydrastine* is the true active principle, characteristic effects having been simply repeated by sufficient doses of the fluid extract. He thinks, however, that differences may be detected on closer examination. His conclusions are as follows:

1. That *Hydrastis* belongs to the excito-motor agents. It heightens perception, the cutaneous excitability, and the reflex functions, and causes death by tetanic fixation of the respiratory muscles.

2. That the spasms and convulsions caused by *Hydrastis* are central or spinal, and not peripheral.

3. That *Hydrastis* exhausts the irritability of motor nerves and muscles.

4. That *Hydrastis* acts both on the inhibitory and motor apparatus of the heart, destroying their power of response to excitation, but the former function yields later, or after the latter. The blood pressure is lowered.

At the request of Prof. J. U. Lloyd, pharmaceutical chemist of Cincinnati, Prof. Robert Sattler, Ophthalmic Surgeon to the Cincinnati Hospital, has investigated the action of *Berberine* and *Hydrastine* on the eye. *Berberine* in the form of a solution of the *disulphate* dropped into the conjunctival sac, caused slight irritation and injection of the palpebral and ocular conjunctiva, but the objective and subjective disturbance subsided quickly. *Hydrastine*, in the form of a solution of the *hydrochlorate* dropped into the conjunctival sac of the healthy eye, caused lachrymation, blepharo-

spasm, pungent burning pains of short duration, and active and persistent hyperæmia of the conjunctival area. With the subsidence of the pain more or less moisture of the eye remained, and a watery mucous secretion accumulated at the outer and inner canthi. The stronger solutions caused myosis, probably the immediate result of the irritation of the superficial sensory nerves of the globe, and not of direct action upon the sensory and muscular structures of the iris.

THERAPEUTIC USES.—*Hydrastis* has been most employed in the cure of subacute and chronic catarrhs of the mucous membranes, and the rationale of its influence is explainable on the principle *similia*.

Stomatitis, mercurial and aphthous, *stomatitis materna*, and such as arises in poorly nourished infants and children, or in the course of eruptive fevers. The indications are: yellow coated tongue, excessive secretion of sticky, tenacious mucus; or the tongue is large, flabby, and shows imprint of teeth; gangrenous sore mouth after abuse of mercury and chlorate of potash; burning, peppery, taste in mouth.

Follicular pharyngitis, *chronic coryza*, *post-nasal catarrh*, and even *syphilitic affections of the mouth, throat, and nares*. Indications: raw, smarting, excoriating sensations; stuffiness of nares, and discharge of thick, white or yellow, tenacious, and stringy mucus, or frequent dropping down of mucus from the posterior nares, into the throat; tickling, as from hair, in right nostril; air in nose feels cold.

Gastric catarrh, *atonic dyspepsia*, *stomach catarrh of chronic alcoholism*, and *gastric ulcer*. Indications: dull, heavy, sodden, yellowish-white face; tongue large, flabby, slimy, showing imprint of teeth when sticky yellow fur is removed; eructations putrid, or more commonly sour; no appetite, cannot digest bread nor vegetables; weight and fulness in stomach, or an empty, aching, "gone" feeling, more or less constant, aggravated by a meal; cutting pains in stomach; stools loose, soft, light-colored, with flatus, or more often constipation when stools are lumpy, and covered with slimy mucus; exhaustion after stool; violent pulsations in epigastrium, and palpitation of heart, with heavy, dull, hard thumping, fulness of chest, and dyspnœa; depression of spirits, sure of death and desires it.

Duodenal catarrh, especially when accompanied by catarrh of the gall-ducts, and jaundice. Indications: sense of sinking and prostration at epigastrium; fulness and dull aching in right hypochondrium; fetid flatus; light-colored scanty stools;

greenish-yellow color of skin and eyes: dark urine; general torpor and debility.

Chronic intestinal catarrh, croupous enteritis, proctitis, ulceration of the rectum, especially after dysentery. Indications: severe cutting pains in splenic and cæcal regions, and in hypogastrium; sensation of great fulness in left iliac region; flatulent colic; sharp pains in rectum; stools in hard balls or lumps, and covered with mucus; discharge of yellow tenacious mucus, with tenesmus; scanty stools occasionally, alternating with discharge of membranous casts.

Constipation. Indications: cases of long standing in those of sedentary habits; after prolonged use of cathartics; dull frontal headache; weakness in epigastrium; sour eructations; "dyspeptic cough," with copious expectoration of thick mucus; stools dry, lumpy, or large, hard, and nodulated; pale, scanty stools, discharged with difficulty, as from inactivity of rectum; burning, smarting, severe pains in anus and rectum after each stool, lasting for hours, with a hot sensation in bowels, and colic and faintness; torpid liver; anæmia.

Hemorrhoids. Indications: constipation; small loss of blood, followed by excessive prostration; full feeling in rectum; frequent periodic attacks of bleeding; pain during defecation, with discharge of mucus or muco-purulent matter; anæmia.

Prolapsus of the rectum. Indications: simple prolapsus in children, with congestion and swelling of the mucous membrane, and marked constipation.

Vaginal, cervical, and uterine catarrh. Indications: leucorrhœa, worse after menses, acrid and corroding; vulva tender; abrasions in vagina; when leucorrhœa resembles white of egg, has pruritus vulvæ and great desire for coitus, although the act is painful; when the discharge ceases, is irritable, and becomes angry if coitus is suggested; uterus prolapsed; cervix uteri swollen, indurated and eroded; hot, watery discharge from uterus; yellow discharge of an extremely tenacious character, often offensive, frequently consists of long shreds; derangement of stomach and liver often an accompaniment.

Catarrh of the bladder. Indications: thick, ropy, mucous sediment in urine; urine smells decomposed.

Catarrh of the urethra. Indications: after acute gonorrhœa, a gleet discharge remains; copious, painless urethral discharge; spurious gonorrhœa; relaxation of the urethral mucous membrane, and a consequent weeping, the discharge

being almost watery in character; spermatorrhœa and debility.

Chronic catarrhal conjunctivitis, follicular conjunctivitis, granular conjunctivitis, conjunctivitis siccus. Indications: mucous membrane of eyelids much congested; discharge of large quantities of thick, white mucus; smarting of eyes; burning of eyes and lids; blepharitis marginalis; dryness and scratching sensations in the *siccus* form, with a feeling of weight and heaviness of the upper lids; lack of accommodative power of the eyes and asthenopia; debility; anæmia; scrofula.

Otorrhœa, chronic purulent otitis media. Indications: roaring in ears like cog-wheels; tinnitus aurium; deafness; thick, offensive, irritating, catarrhal and purulent discharges from external auditory meatus; bland mucous discharge, with associated dropping in posterior nares; perforation of membrana tympani; mucous membrane of middle ear eroded, granular, and exuberant with polypoid growths.

The skin being analogous to mucous membrane, it is not surprising that *Hydrastis* has proven effective in curing various skin affections. *Hyperidrosis.* Indications: excessive sweat of axilla, or about genitals; offensive. *Acne.* Indications: forehead, cheeks and chin covered with small red elevations with black points—*acne punctata*—and papulo-pustules; digestion feeble, bowels torpid. *Eczema.* Indications: weeping eruption on forehead along margin of hair, coming after taking cold; worse from warmth of room after having been in cold air; itching when warm; aggravated by washing; scalp and face covered with thick crusts, which, upon removal, expose red, raw and infiltrated patches; right and left ears red, thickened and covered with scales; skin back of each pinna red, thickened and fissured at their connection with the side of the head; margins around anus thickened and fissured, fissures extending into the mucous membrane; dorsal surface of feet red, infiltrated, especially about the toes, between which are deep fissures; aggravations from ointments; poor digestion; constipation alternating with diarrhœa. *Seborrhœa sicca.* Indications: scalp caked over with a thick, sebaceous secretion; hair dry and lustreless; debility and insufficient nourishment after typhoid fever. *Seborrhœa oleosa.* Indications: forehead, cheeks and nose slightly red, and very greasy; follicles plugged with comedones; skin dirty in patches. *Intertrigo.* Indications: excoriations in the folds of the skin of the neck. *Fissures.* Indications: abraded, cracked and sore nipples of nursing women; fissures around the mucous outlets, as on the lips, about the anus,

or on the flexor surfaces, and between the fingers and toes of syphilitic subjects, who have used too much Mercury or Iodide of potash; debilitated subjects, broken down by excessive use of alcohol. *Ulcers.* Indications: old ulcers of leg; ulcers after wounds or burns; ulcers under right and left inferior maxilla from broken-down lymphatic glands; indolent granulations; unhealthy and scanty pus; scrofulous or cachectic persons. *Rodent ulcer.* Indications: ulcer on nose and eyelid; base of ulcer of a dingy, reddish-yellow color, dry, glazed, and free from granulations, and the discharge but slight. *Lupus, lupus exedens* and ulcerative stage of *leprosy* have been cured with *Hydrastis*.

Erysipelas. Indications: erratic form, passed from left side of nose to right ear, then to right eye, then to whole face and over scalp; redness, swelling and pain; intense pain in lumbar region; chills down back, followed by fever, pulse 120; extreme restlessness; disturbed by noises; delirium; urine suppressed; erysipelas of lower extremities.

Small-pox. Indications: itching, tingling of skin; great redness, swelling and aching of skin; very sore throat; intense aching in small of back and legs; pustules dark; ulcers in mouth and fauces; sleeplessness.

Marasmus. Indications: after measles, great emaciation, depression of spirits; easily excited to anger; liver reduced in size; urine scanty and high colored.

Typhoid fever. Indications: retarded convalescence; will eat nothing; tongue large, flabby, thickly coated, and shows imprint of teeth; bowels constipated; urine scanty; copious sweats; sleeplessness.

Intermittent fever. Indications: cachectic subjects; gastric and hepatic symptoms, showing atony and torpor; vertex headache in paroxysms every other day, commencing at 11 A.M., with excessive nausea, retching, and anguish.

Lumbar backache. Indications: stiffness in muscles of lumbar region while bending over for a short time, causing great difficulty when assuming an erect posture; dull, heavy, dragging pain and stiffness of the back, especially across lumbar region, necessitating the use of arms to rise from a seat; must walk about some before being able to straighten up.

Laryngo-tracheitis, bronchitis. Indications: cough, with rawness of larynx; tingling and smarting in throat; hawks up tenacious, yellow or white mucus; pain on swallowing as if throat were excoriated; cough rough, harsh and rattling,

and continued day and night ; febrile condition in the evening and at night, with debility ; abdominal congestion.

Uterine hæmorrhage. Indications : menorrhagic form ; bleeding excessive for ten days during each period, attended with pain, and anæmia : hæmorrhage from myoma ; congestive dysmenorrhœa ; subinvolution of uterus ; metritis ; endometritis ; the menopause.

Cancer. Indications : (1) dense, irregular tumor in the hard palate, painful to touch, and somewhat elastic, disposed to bleed and to discharge offensive matter ; climacteric ; (2) flat, resistant tumor, two inches in diameter in epigastrium, sensitive to pressure, pulsations synchronous with pulse, insufferable pains, frequent vomiting, loss of appetite, anguish about heart, sleeplessness, loss of strength ; (3) cancer of stomach, with pain at pit of stomach and extreme emaciation, and with vomiting of all food save milk and water ; (4) liver enlarged, indurated and nodulated, and sensitive to pressure ; tumor in epigastrium as large as a hen's egg, doughy in consistency, and in centre a small spot as if filled with fluid ; after eating, vomiting of food incorporated with sour, putrid mucus ; thirst, loss of appetite, diarrhœa, weakness, emaciation, sleeplessness ; (5) epithelial cancer of lip ; (6) epithelioma of mamma ; (7) irregular nodule of scirrhus of mamma, with retraction of the nipple ; enlargement of axillary glands ; health poor ; sallow complexion ; (8) hard, irregular enlargement of left breast ; nipple retracted, and glands of left axilla enlarged and painful ; mother had died of cancer of the tongue ; (9) swelling of left breast ; tumor hard, heavy, and adherent to the skin, which is dark, mottled and very much puckered, the nipple being retracted ; sharp pains in breast like knife-thrusts ; cachectic.

[NOTE.—A great deal of importance attaches to *Hydrastis* as a cancer remedy, although its use is rather empirical. My own experience in its use in malignant tumors has only been in one case, in which I found it eminently successful in relieving the pains, and in improving the digestion and nutrition of a woman, at the climacteric period, suffering with cancer of the right lung, with nodules in the external walls of the chest.

In this connection, and to explain a possible homœopathicity to epithelial cancer, I mention the case of a woman who, for aphthous sore mouth, took *Hydrastis*³ for many weeks after the aphthæ had disappeared, and continued the medicine

because of the appearance on the lower lip of an irregular superficial ulcer, with a hard base, and quite painful, which continued to get worse and worse. On consultation, I advised the cessation of the *Hydrastis*, and then the ulcer slowly and permanently disappeared without any treatment. The cured cases, reported in this paper, occurred in the practice of Drs. Joseph Kidd, E. J. Blake, Marston, MacLimon, Hendricks, W. Tod Helmuth, J. O. Moore, J. H. Nankeville and La-Brunne. I have not been able to get the details of the cases treated by Drs. Bayes and Gutteridge, but the former says: "My experience has thus led me to infer, that the remedial sphere of *Hydrastis* is confined to the arrest and removal of scirrhus in its early stage, and chiefly when its situation is in a gland or in the immediate vicinity of a gland." Dr. Gutteridge says: "I should contend, led by my own experience, that the *Hydrastis* treatment is the very best yet known for this dire disease. . . . It improves the appetite and condition of the patient generally; under its use the complexion alters, the state of the blood improves. . . . It marvellously allays the pain of cancer, in this respect altogether surpassing Opium, Morphia, or any so-called anodyne. It retards the growth of cancer."

In the indications given in other diseases, especially of a catarrhal nature, I have drawn largely from my own use of *Hydrastis*; but I have likewise availed myself of the reported experience of others, as recorded in various journals and society transactions of all schools of medicine.]

DOSAGE.—The doses vary according to susceptibility and circumstances. Most cases require the lower dilutions, and many the tincture itself, in one to three drop doses in water. The greater the homœopathicity, the smaller the dose should be. Bartholow prefers the fluid extract, whether given by the stomach for systemic trouble, or applied externally for ulceration, etc. For atonic dyspepsia, his dose is ten to twenty drops, a few minutes before meals, and for intestinal disorders 5ss–3i between meals. The eclectics use *Hydrastin* largely, which must not be confounded with the pure alkaloid *Hydrastine*. This latter, in the form of the *hydrochlorate*, is preferred to the fluid extract, as an application to the eyes or skin, as it is freely soluble, and does not stain the tissues. As an eyewash, a solution in water of one to five grains to the ounce; as an application in skin diseases a solution in water of ten grains to the ounce, or in the form of ointment,

ten or twenty grains to the ounce of lard or vaseline. For injections, the usual proportions are one drachm of the tincture or fluid extract in one pint of water. Glycerole of hydrastis, for application to the cervix uteri, is made in the proportion of ʒj of Hydrastis tincture to ʒj each of glycerine and water. For a mouth wash, the muriate of hydrastine is prepared in the proportion of 1 gr. to 1 ʒ of water.

If it becomes necessary to apply Hydrastis locally, it must not be forgotten that its internal administration at the same time is an advantage; and especially is it important to remember that, homœopathically viewed, the tincture cannot be replaced by the alkaloid, as the action of the sum of its several constituents is required.

COMPARISONS WITH OTHER DRUGS.—In its action on mucous membranes generally, Hydrastis resembles *Pulsatilla*, *Kali bichromicum*, *Ammonium muriaticum*, and *Antimonium crudum*. They all produce mucous fluxes, and disorder digestion. Mental characteristics and modalities must often decide the choice between these remedies. On the lower bowels it resembles the action of *Collinsonia*, *Aloes*, *Sepia*, and *Sulphur*. In gastro-duodenal catarrh, with involvement of the bile ducts, compare *Berberis*, *Digitalis* and *Gelsemium*. *Berberis*, more than Hydrastis, has involvement of the kidneys. *Hydrastis* may prove useful in the initial changes of lithæmia, *Berberis* in the developed cases. In the gastro-duodenal catarrh of chronic alcoholism, compare *Nux vom.*; both improve the digestion, and lessen the appetite for alcoholic stimulants, and, like *Nux vom.*, the alkaloid *hydrastine* is a spinal stimulant, as demonstrated in Bartholow's experiments. In constipation compare *Nux vom.*, which has constipation after cathartics; *Graphites*, which has large, knotty stools, covered with white shreds of mucus, difficult of expulsion; *Ammon. mur.*, which has large, hard, crumbling stools. In indigestion compare *Antimon. crud.*, which has more vomiting, and is distinguished by its milky-white tongue. In otorrhœa compare *Kali bich.*, which has, however, greater tendency to exuberant granulations about the perforation of membrana tympani, more cracking and crusting of mucous surfaces. (Prof. Sattler's experiments with *Berberine disulphate* in the treatment of disease of the middle ear showed a remarkable tendency of the powder when applied to form rapid incrustations, the removal of the crusts being difficult and painful.) In ophthalmia, with profuse secretion of tears and burning of eyes, compare *Arsen.*, *Euphrasia*, *Merc. cor.* In nasal catarrh, with thick, tenacious,

stringy discharges, compare *Kali bich.* and *Arg. nitr.* In ozæna and syphilitic affections of mouth and fauces, especially after abuse of Mercury, or Iodide of Potash, compare *Hepar.* In cough, with abdominal congestion, compare *Aloes* and *Sulphur.* In lupus compare *Hydrocotyle*, *Kali bich.*, *Arsenic*, *Aurum mur.* In variola compare *Antim. tart.*, *Baptisia*, and *Thuja.* In epithelioma compare *Thuja*, which is most homœopathic, suiting the "diathèse épithéliale." In cancer, especially of the mammary gland, compare *Conium*, *Phytolacca*, *Trifolium pratense*, *Cundurango*, *Arsenic*, *Kreosote*, *Baptisia.* *Conium* best in irritable, nervous, fanciful patients, and tumor is less sensitive, but arm pains greatly and is rigid and powerless. *Phytolacca* has tendency to fat formation, with sluggish circulation, and lazy disposition. *Arsenic* best in irritable, anxious, cachectic patients, with tendency to diarrhœa; *Hydrastis* in melancholic, cachectic patients, with tendency to constipation. *Kreosote*, whole breast hard, nodulated, bluish-red. *Baptisia* and *Hydrastis* applied locally both lessen fœtidity in open cancers. In malarial intermittents, and as a restorative agent, compare *Cinchona*; both are antiperiodic; both are protoplasmic poisons, arresting the movements of the white corpuscles; both promote appetite, and improve digestion at first, but when long continued set up gastric catarrh, impede digestion and cause constipation; therapeutically, both promote constructive metamorphosis. In its action on spinal cord compare *Strychnine*; both exalt the reflex function of the cord; both induce tetanic convulsions, and both cause death by arrest of the respiratory movements in a tonic spasm. On the cardiac motor and inhibitory apparatus *Hydrastine* and *Atropine* are antagonistic. *Chloral* antagonizes the increased reflex excitability, and the tonic convulsions caused by *Hydrastine*.

THE NEED OF AN INTERNÂTIONAL PHARMACOPŒIA.

BY A. J. TAFEL, PHILADELPHIA.

IN the October number of the HAHNEMANNIAN MONTHLY there appears an interesting article by Mr. John M. Wyborn, F.C.S., of London, England, on the above project, and, while the writer endorses heartily a great deal of what is said in it, he begs to draw attention to several questionable statements, which the author's evident zeal in advocating the adoption of the British Homœopathic Pharmacopœia has led him to make.

It is shown that a marked difference in strength exists between tinctures from fresh plants if made in a dry or a wet season, and if made according to the American Pharmacopœia or the Polyglot Pharmacopœia of Dr. Schwabe; while at the same time it is claimed that the British Pharmacopœia avoids such variations by ascertaining first the amount of moisture contained in a given plant, and regulating in accordance therewith the proportion of menstruum to be used.

This looks very accurate but will often be found to be incorrect in practice. It reminds us of a conversation which we had some eight or ten years ago, with one of the foremost manufacturers of the eclectic preparations called resinoids. We were dilating on the preferableness of the homœopathic fresh plant tinctures, when he related a recent experience of his in making *macrolin*. He usually obtained about 80 ounces from a given quantity of the dried root, but that season he obtained less than 50; he was nonplussed, and carefully repeated the process, but with a like result. He then closely examined the roots; they seemed to be large and well developed, but, on cutting one, he observed that its texture was less dense than usual, and, as the season had been very wet, he attributed the change to the prevailing excess of moisture. This is not an isolated case, and shows that even our British brethren with all their particularity cannot escape a considerable variation in the strength of their tinctures. On page 654 it is stated: "One of the chief errors of the American and the Polyglot Pharmacopœias, is that which recognizes the mere watery juice of the fresh plant as officinal, omitting from the preparation all substances soluble in spirit." "In justification of this course, it is sometimes stated that the juices of plants have been used in the provings; but this is true only in the most limited sense, for the fact is, many of the symptoms of the provings have been obtained from the plants themselves or their flowers, roots, etc., having been eaten by mistake or otherwise, and these have in all probability contained medicinal substances soluble in water but insoluble in alcohol."

This is generalization with a vengeance, and we seriously doubt whether Mr. Wyborn ever carefully examined the *American Pharmacopœia* beyond the "General Part" occupying less than 30 of the 520 pages. According to Hahnemann (and both of the Pharmacopœias in question are based on his precepts) all tinctures prepared according to Class I. are made by mixing equal parts of the expressed juice of the plant with alcohol. All other fresh plant tinctures classed II. and III.

are made by macerating the bruised plants or parts thereof with varying preparations of dilute or stronger alcohol. How then can it be maintained that all substances soluble in alcohol are omitted, the more so as among the 315 remedies made of fresh plants, there are *only* 45 that are made according to Class I. But aside from this, is it to be supposed that the structure of a plant can possess any constituents which are not also to be found in its sap or juice,—just as all constituents of the human body are known to be also found in the blood?

Now as to provings having been obtained mainly from reports of poisonings from eating either the whole or parts of plants, this is equally fallacious. We have seen that there are only 45 tinctures prepared from the expressed juice. On consulting Allen's *Encyclopædia*, the most complete and trustworthy guide as to authorities, we find that 31 of these remedies have no record whatever of effects produced by eating the whole or a part of a plant, and only 14 give toxicological effects observed in addition to the regular provings, and 5 of these remedies only give one or two such observations. Even in Aconite, we find 30 bona fide provers to 10 reports of poisonings, excluding 19 cases in which the tincture was given to patients and its subsequent effect recorded.

The compilers of the *Pharmacopœias* in question start from different premises. The British tries to secure the utmost precision in the preparation of the dried plant, or its soluble properties represented in a given amount of tincture, its chief aim being accuracy of dose; while the other two *Pharmacopœias*, taking Hahnemann's precepts for a base, strive to reproduce as closely as possible the identical tinctures with which the provings were made. And while Schwabe in his *Polyglot* leaves out, as a rule, the description of plants and chemical processes, the *American Homœopathic Pharmacopœia* gives an accurate and reliable description of plants as well as of chemical processes and tests. In taking exceptions to the position of the *British Pharmacopœia* on this question, and to several statements made by Mr. Wyborn, we beg to express our appreciation of the scholarly work put into it, and of the great labor and research undertaken by the compilers. And we are far from claiming perfection for the *American Homœopathic Pharmacopœia*. But we maintain that the cause of homœopathy has fairly prospered so far, albeit the mother tinctures and 1st in use may and do vary at times in strength, with the seasons.

We hold that the preparation of homœopathic remedies

should be simplified as much as possible, but it looks to us as if in the *British Pharmacopœia*, the opposite idea was carried out.

THE PRESENTATION OF THE MATERIA MEDICA.

BY RICHARD HUGHES, L.R.C.P., BRIGHTON, ENGLAND.

(Read before the International Homœopathic Convention at Bâle.)

THE "materia medica" of homœopathy is the collection of the pathogenetic effects of drugs from which it works out its therapeutic rule, *similia similibus curentur*—let likes be treated by likes. Such collections in the past, from Hahnemann to Allen, have taken the form of lists of symptoms produced by the several medicines, arranged in a (mainly anatomical) schema. A feature of the *Cyclopædia of Drug Pathogenesis*, now being issued, is that it departs from this plan, and presents drug-effects in the healthy in their natural order, as they appeared in their respective provers or the subjects of their toxic influence. Much attention has been excited on the Continent by this novel proceeding, and while it has generally been hailed as useful in itself, it seems assumed that it is a luxury rather than a necessity, and that the old schematic arrangement maintains its ground undisputed. As I am unable to assent to this view, as I hold the schema to be not only insufficient, but positively misleading and pernicious, I think it well to take the opportunity afforded by the International Homœopathic Convention of expressing my thoughts, and so of eliciting those of my colleagues.

The method of Hahnemann, as has been said, requires for one of its factors a knowledge of the pathogenetic action of drugs. Such knowledge must, to a large extent, be acquired beforehand; the practitioner must bring it with him to the sick-room. He cannot there be consulting books. This need has been universally recognized; and every student in a homœopathic college, every beginner in homœopathic practice, has to study materia medica—to learn how drugs disorder health, that he may use them with effect to restore order in disease.

Now I shall not provoke much opposition when I maintain that for such study the schematic arrangement of pathogenesis is the worst that can be conceived. It is uninteresting because unintelligible; it takes no hold of the memory because it forges no links of association. It can only be remembered when it is learned by heart, and this its bulk makes impossible. No

body of knowledge was ever thus presented to its students. The teachers of materia medica in our colleges have felt this difficulty, and have in various ways sought to meet it. Some, like Hempel and later, Dr. Pope, have proceeded by illustration from detailed cases; others, like Dunham (and myself), by physiological analysis and pathological application; others, like Guernsey (who is followed by Drs. Hawkes and Kent), by fixing attention on "characteristics." But all these methods are simply introductions to the materia medica itself; and what does the student find when he reaches that to which he is introduced? It is something like the sacred image behind the veil in the temple of Artemis at Ephesus; when disclosed it was a shapeless lump of stone.

It is here that the form of our materia medica has proved—as it seems to me—so pernicious. It has operated in three distinct ways, all evil.

1st. It has prevailed to rob Hahnemann of the honor which otherwise must perforce have accrued to him, as an experimenter with drugs. Whatever might be thought of *similia similibus* or infinitesimal dosage, no one—in these days of pharmacological research—would despise a man who tested nearly a hundred medicines on the healthy human body. Had Hahnemann published his provings in the manner of Jörg's, he would have been cited as frequently as the latter, and with the greater respect due to his priority and wider range. As it is, no writer on the subject will look at his pathogeneses; and when we proclaim him the father of experimental pharmacology we are counted as men that dream.

2d. The schema has been one of the most potent agents in hindering conversion to homœopathy, in keeping our numbers down in every country save those in which (as in Spain and the United States) they can be replenished from homœopathic colleges. The inquirer or would-be adopter has had Jahr's *Manual* put into his hands, and has been told that from this meaningless composition he is to fit likes to likes. How many have thus been deterred from further progress, it is easy to guess. I shall not readily forget my own early attempts with Hempel's translation (I knew no German then) of the *Reine Arzneimittellehre*. The only parts of the book that brought me the least light were Hahnemann's prefaces and notes, and the therapeutic applications quoted from Noack and Trinks' *Handbuch*. Had my text-book been Jahr instead of Hahnemann, I should have been still worse off; and as it was, had it not been for the living guidance of my inductor

into homœopathy, the late Dr. Madden, I know not how I should have gone forward.

3d. I must also place to the account of the schema a feature in the homœopathy of the present day which many of us deplore—its largely empirical character. This is seen in both wings of the homœopathic body,—alike in the *specifickers* with their remedies for “diseases,” and in the so-called “Hahnemannians,” with their “clinical symptoms” and “key-notes.” Both trade mainly with ascertained relationships of drugs to morbid conditions. The ideal homœopathy—the “method by discovery,” as Dr. Drysdale has called it—is rarely put into operation. And why is this? It is because our materia medica has no correspondence with the phenomena of disease. The latter are classifiable, recognizable, having sequences and modes of evolution peculiar to their several species. The former is a *rudis indigestaque moles*, a picture in which you cannot see the wood for the trees, and which bears no resemblance to anything upon earth. What wonder if the practitioner seeks the easier field of empiricism, and prefers the adoption of homœopathic remedies to their selection?

But—it may be said—this *a priori* mode of homœopathizing is not the only one. There is an *a posteriori* way of proceeding; it is the course we adopt when, having examined a case, we turn to our pathogenetic records to see what medicine has caused similar symptoms in the healthy. It is the most rational we can follow in those morbid states which are known to us only as an assemblage of phenomena. Hence—it is argued—however useful and instructive the detailed provings may be, their symptoms must be arranged in schema form for purposes of comparison with those of natural disease.

Here, however, is a *non sequitur*; and I can say so with the greater freedom, as I am quoting from myself.* We must indeed have means for readily finding where, in the pathogeneses of drugs, individual symptoms occur. But so, in all text-book, must there be a clue to items and particulars; and this is afforded by the *index*. Why is such a guide—the repertory—insufficient here? Why must the text be broken up and spoiled for its own purposes that each medicine may be—anatomically—an index to itself? This was Hahnemann’s reason for arranging his pathogeneses in schema form; but I maintain that for the end subserved the price was too

* Pharmacodynamics, 5th ed., p. 6.

heavy to pay. I maintain that symptoms placed singly, divorced from their sequences and concomitants, convey a false idea as to the physiological actions of drugs, that they are positively *misleading*.

Let me illustrate. We will suppose that a patient comes before us, a victim of masturbation, and that prominent among his (or her) symptoms—so prominent as to constitute, nosologically, the psychical malady under which the patient is laboring—is dislike to society. Guided by a repertory, we find (in Allen) among the mental symptoms of *Kali bichromicum* “anthropophobia.” Standing by itself, it suggests the idea of the supervention of this disorder in a definite status in a prover of the drug; and, should other symptoms fairly correspond, we might be led to rely on it as a remedy. But when we come to read the detailed provings, we find the symptom “*menschenschen*” occurring in a single prover only, on a single occasion, and as part of a group of gastric derangements. For want of knowing this we have altogether misinterpreted its weight and significance. Were the *materia medica* presented as in our *Cyclopædia*, the repertory would equally have directed to the symptom; but when found it would have been seen among its natural surroundings, and in its actual transitory occurrence, and so would never have led the prescriber away.*

Again—in the *Monthly Homœopathic Review*, vol. xxi., p. 288—Dr. Dyce Brown gives us a very interesting study of *Ailanthus*, based on its pathogenesis in Allen. At p. 290 he writes of the poisonous effect of the drug—“a low form of fever supervenes, with cold perspiration, rapid small pulse, and muttering delirium.” He is referring to a case of poisoning with the juice related by Dr. P. P. Wells. In this, however, there was no perspiration; but Dr. Brown will say that he took the latter symptom from Allen’s S. 192—“cold perspiration stood out upon the skin.” True, but in the subject of its occurrence it was associated with giddiness, nausea, and faintness, without fever, and had therefore quite a different significance. Further, finding “suppression of urine” at S. 137, he naturally connects it with “states of vital depression and blood-poisoning.” In its original, however, it came on

* I of course fully recognize that in the schema constructed by Dr. Drysdale (*Materia Medica, Physiological and Applied*, vol. i.), in which symptoms are presented in their natural groups, though under anatomical headings, this kind of mistake would not occur. But even his arrangement injures the provings for a *priori* study, while for a *posteriori* reference little is gained which is not supplied by original text and good index.

with jaundice, hepatic tenderness and constipation in drinkers of water impregnated with the roots; not to say that the recorder speaks of "difficult micturition" only. This last of course belongs to another category of delusions; but even without it we see how by the isolated symptom an acute student is led to erroneous therapeutical inferences.

This brings me to a position taken up in defence of the schema alike by my deceased friend, Dr. Farrington, and by my living friend, Dr. Allen, which, with all my respect for their judgment, I must think untenable. It is that the groupings of symptoms in drug pathogenesis and in actual disease need not be the same; that they are susceptible of kaleidoscopic shiftings, each of which presents a real morbid image. Now, while I would not deny that occasionally such recombinations are possible, I must protest against their being habitually made with expectation of success. Let me illustrate from the medicine first mentioned. I was attending a lady who, in all her eight pregnancies, was the subject of salivation conterminous with the "morning sickness." Her present malady was the passage of a biliary calculus, which became impacted in the cystic duct, causing the gall-bladder to enlarge greatly behind it. With the vomiting incidental to these troubles the familiar pyalism set in, and it continued after its concomitant had subsided. A friend who was attending the case with me proposed Kali bichromicum, on the ground of the numerous symptoms of salivation belonging to it in Allen's pathogenesis. I pointed out, however, that in all the instances of its occurrence it had supervened immediately upon the ingestion of the drug in crude dosage, and was a part of the nausea and disgust inspired by its local effects;* whereas in the present instance it was a lasting over-activity of the salivary glands, originally set up by a reflex abdominal irritation analogous to that which exists in pregnancy. My friend objected to going behind the schema—which, upon the hypothesis of its sufficiency, he was quite justified in doing, and the medicine was given, of course with total unsuccess; while Kali iodatum, subsequently prescribed, made short work of the trouble.

These three instances are sufficient to illustrate what I mean by the danger of attempting to use isolated symptoms, or to

* Here, too, Dr. Drysdale's improved arrangement would have obviated the mistake. It was indeed from this (where immediate local effects are arranged in a separate rubric) that I learned the nature of the salivation of the drug.

form new groups of symptoms at our own will. *Similia similibus* demands analogy not only in concomitance, but in evolution. If you neglect this you will constantly be framing likenesses which are illusory, and therefore unfruitful in practice. And so I am brought back to my original thesis, that the only true materia medica for the homœopathist is the detailed account of provings and poisonings, with a sufficient index. From this he can learn *a priori* the real physiological action of his medicines; and when referred to it *a posteriori* he is on sure ground as to the worth and meaning of the symptoms he finds. Such a materia medica our *Cyclopædia* aspires to be. Its reviewers have, generally, regarded it only as an additional means of information, and as in no way superseding the extant collections of symptomatology. This is not, however, the mind of its promoters. Like Christianity of old, it is not content with toleration, but claims undivided allegiance. It calls upon homœopathists to throw to the moles and bats the hideous idols (in the shape of Jahr's *Manual*, Hering's "Condensed," and such like) which they have long endeavored to worship, but which have made outsiders scoffers and have demoralized their votaries. And, like Christianity it is going to win. It may be long yet ere bad tastes are overcome; but I venture to predict that before twenty years are gone the schema will be a thing of the past, over which men will marvel how the fair lineaments of drug-pathogenesis could have been allowed to undergo such painful distortion.

NITRO-GLYCERINE IN CARDIAC AND RENAL AFFECTIONS.

BY L. VON HORST, ST. PETERSBURG.

(St. Petersburg Med. Wochenschrift, 33, 1886.)

NITRO-GLYCERINE, which, on account of its sure action on the circulatory system, becomes more and more recognized, was introduced into the therapia by the homœopathic school under the name of Glonoine. Sobrero prepared it in 1847, and the American homœopath, C. Hering, was the first to make practical use of it. Ten years later, Field, Thorowgood and Brahdy experimented with it in different neuroses; but it was again forgotten till, twenty years later, Murrel introduced it again in practice against angina pectoris.

Since then, many physicians tried to find out its physiological action and its therapeutical uses. In relation to the former Binz, Reichert, Weir Mitchell, Korzynski and others demon-

strated: depression of the central nervous system, and, in consequence thereof, dilatation of the smaller arterial bloodvessels, and diminution of blood-pressure, acceleration of the pulse, the beat of the apex becomes more clear, the cardiac sound louder, the temporal arteries beat, the face turns red, and the sensation of cold and heat is felt in the head and face. Its action is, therefore, nearly identical with Amyl nitrite and Natrium nitrate, and in all three the active principle is, probably, the Acidum nitrosum (Salpetrige Säure).

In relation to therapeutics, the experiences of authors differ. Whereas Murrel recommends highly the use of Nitro-glycerine in angina pectoris, W. A. Hammond praises it in angiospastic migraine, and considered it contraindicated in the angioparalytic form. Korzynski gives it in asthma, in consequence of emphysema pulmonum, where, taken at its beginning, it is sure to cut it short, whereas it fails in purely idiopathic asthma nervosum. The very opposite opinion is given by Lublinski, who witnessed good effects in asthma nervosum, and feels less satisfied with it in asthma emphysematicum. Nearly all praise its virtues in angina pectoris, stenocardia, palpitations, whether complicated or not with organic defects of the heart or aorta, but differ again in purely nervous affections, as epilepsy, chorea, etc. Rossbach recommends it highly in shrunken kidney, where its action is wonderfully beneficial.

In relation to the dose, opinions differ. Most authors begin with a medium dose of $\frac{1}{100}$ drop, increase it gradually, and repeat the dose more or less often. Korzynski relates a case, where a patient, with insufficiency valv. semilun. et stenosis ost. aortæ, took for the severe attacks of angina pectoris several times daily thirty drops of a 1 per cent. solution, though he had received in the clinic far smaller doses: for he only found relief from the strong doses. In other cases, doses of $\frac{1}{50}$ of a drop produced severe, even dangerous symptoms. Lublinski considers this difference to consist in the uncertainty of the preparation, and prefers, therefore, the Natrium nitrite; others blame for it the individual difference to the reaction to the drug. Thus, he knows a case, where a colleague suffering from atheromatous degeneration of the arteries, took for precaution's sake only the $\frac{1}{200}$ of a drop, which was followed by most alarming symptoms. On account of the smallness of the dose, he considered it a mere accident, but a repetition of it showed that for him such a dose was too strong. In another case, prompt action followed a dose of $\frac{1}{100}$ drop, whereas, in other cases, 1-6 drops of such a solution could be taken, without dis-

quieting after-effects. At any rate, it is advisable to begin with very small doses. He records, among others, such cases as:

A young and strongly-built marine officer suffered for some time from severe chest affections, steadily increasing in quantity and intensity. He felt a constriction of the chest, with a sensation of a want of air, though respiration was not obstructed. He could only get relief by rapid motion, so that, during severe attacks, he walked incessantly and rapidly for hours. Most careful examination revealed nothing abnormal, only a tendency to obesity, and the diagnosis was, therefore, a cardiac neurosis. There was some similarity to angina pectoris; but the characteristic radiating pain in the left arm was absent. After the failure of different remedies, a 1 per cent. spirituous solution of Nitro-glycerine was given, and patient advised to take one drop at any approach of an attack and if necessary to repeat or to increase the dose. Thus he would always cut short the attacks, which became less and less, and now several years have passed without their return.

A man of fifty suffered from palpitations, which came on at any time and everywhere without cause. The palpitations were in shocks; irregular, several strong shocks followed rapidly, then a pause without any contraction, and the patient had the sensation as if the heart stopped beating in its over-filled state. At the same time, he suffered anguish, and often felt like fainting or fainted away. The attacks were usually short, and when they were over, he felt entirely well. He was a stout, robust man, used from childhood up to gymnastic exercises. Otherwise, he was entirely well. A drop of a $\frac{1}{100}$ solution suffices now to stop these attacks, and he carries his vial along wherever he goes.

After recording some more cases, he concludes: Nitro-glycerinum is a nervine, showing great power to innervate the heart, and we may count with more certainty on this effect where the heart and bloodvessels are not organically affected, or only to a slight degree, though in one case we had to deal with high-graded degeneration of the valves, and still success crowned our efforts, whereas we failed with it in other similar cases. When we deal with a weak heart, where the muscular fibres and the valves are in a healthy state or only slightly damaged, its action will always be prompt and satisfactory. In angina pectoris, everybody praises it, and it might be tried in other diseases, where immediate danger to life threatens from sinking of the heart's strength, though the heart itself is not affected, and where we are more in the habit to prescribe Musk, Camphor and similar drugs, as in pneumonia, typhoid fever, etc.

"Though I observed, in several cases, an increased diuresis, after Nitro-glycerine, still I do not believe that it acts directly on the kidneys, and increases their function. Where such an effect appears, it is secondary, a consequence of the regulation of the activity of the heart. In all cases, where dropsical accumulations disappeared under its use, we dealt with a weak heart; in our fifth case, where the kidneys alone were diseased, but the heart sound and acting normally, not the least effect on the urinary secretion could be witnessed from its use."

The dose of this drug must oscillate according to the individual reacting power, and let us be sure to have always a reliable preparation. Great precaution is always necessary, let us start with a very small dose, and watch its effect before the dose is repeated or increased.

Horst is one of the few who gives credit where credit is due; here to our own CHg. Horst is here on strictly homœopathic ground, individualizing the patient, the disease and the drug, and insisting upon that great corollary to give the remedy time to act and to exhaust its remedial power. But, as there is no principle to guide him in its use, he only experimented with it, till he found a case for its use in a weakened heart, in a parietic state of the bloodvessels. Let us compare with it our own homœopathic authors, and Hering, in his *Amerikanische Arzneiprüfungen*, gives us the day-books of his provers. We were pleased to read there, page 89: "His walking diminishes the pain, and, *vice versa*, a pulse, accelerated by walking, is reduced to its normal state by small doses; further experiments are necessary." It is one of the most beautiful explanations of our law of cure, and proves that, though similarity is necessary, it is more necessary in the opposite. Only the similar-opposite cures. We know that, when walking accelerates the pulse, this is done by a greater impulse of the blood to the periphery, especially to the muscles. We know that Glonoine produces with certainty a congestion to brain and heart. In both cases, an acceleration of the pulse follows, perhaps only by a diminution of the quantity of blood, which remains in circulation, probably also by increased innervation. Here we have a *simile* and a *contrarium*, which are always necessary, when a drug cures; in other words, when it suspends deviating internal movements. In the first case mentioned, we find how involuntarily the patient walked and walked for the relief of his sufferings, and how beautifully this was alleviated by a small dose of Nitro-glycerinum.

Horst and others compare it with Nitrite of amyl and Sodium nitrite, but Hughes says, in his *Pharmacodynamics*, the effects of the two drugs are not identical. Amyl causes a general flushing, without marked sense of throbbing or special localization in the head; nor is the pulse much affected by it. Glonoine differs from it in all these points. Accordingly, it has been demonstrated that Amyl produces its dilating effects on the arteries by directly paralyzing their muscular coats and acts simply on other muscular parts, while *Glonoine affects the nervous centres of the circulation*. How true is the remark of the same author, that, with Belladonna, the circulation of the brain is excited, because the brain is irritated; with Glonoine the brain is irritated, because the circulation is excited; hence in the former, this feeling of heaviness; > pressure, < by every motion, better by lying down with head high, the brain is primarily affected, whereas, in Glonoine, the cerebral congestion is secondary, the wave-like motion and the shocks in the brain are synchronous with the pulse, from below upwards. Just so with the heart. We read under Belladonna: violent palpitations, reverberating in the head; pressure in the cardiac region, which arrests the breathing and causes a sense of anxiety, while under Glonoine we read that the prover felt the remedy first in the heart and later in the head, or, when he feels it in the head, he perceives it less in the heart, and *thus alternating*. In that terrible spasmodic affection of a weakened heart, known as angina pectoris, hardly any symptom hints to Belladonna, while Glonoine gives us: great anxiety in the præcordial region, sharp shocks or stitches in the heart, with pricking pains in the hands and arms; labored action of the heart, with a peculiar oppression and very frequent pulse; sensation of weakness; and trembling of the extremities; numbness and weariness in left arm; rapid beating of the pulse is felt in the tip of his fingers; faint feeling all over. It seems that it differs from Amyl nitrite and Sodium nitrite only in degree, the action of the Amyl being more evanescent, otherwise the symptoms are nearly the same. Whether the action of the Sodium nitrite differs much from that of Glonoine, needs further provings; our colleagues of the old school prefer it to Nitro-glycerine, on account of its milder action, which needs still its elucidation.

S. LILIENTHAL, M.D.

Miscellaneous Contributions.

THE TWENTY-SECOND ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

THE Homœopathic Medical Society of the State of Pennsylvania opened its twenty-second annual session in Alumni Hall, in the New Building of the Hahnemann Medical College of Philadelphia, on the evening of September 20th.

Prayer was offered by the Rev. E. J. Schrack, of Philadelphia, after which Dr. J. N. Mitchell, President of the Philadelphia County Society, delivered the address of welcome on behalf of the County Society. Dr. David Cowley, President of the State Society, responded on behalf of the visitors.

Dr. W. H. Bigler, the first Vice-President, then took the Chair, while Dr. Cowley delivered the President's Annual Address, in which he advocated the separation of the teaching faculties of our colleges from the power of licensing physicians to practice. Dr. Cowley also suggested the necessity of a law by which physicians could be protected from unscrupulous people who persistently neglect to compensate them for their services. He urged the establishment by the State, of an asylum for the homœopathic treatment of the insane. Respecting matters pertaining strictly to the interests of the Society, the President recommended that the time of service of the members of the Bureau of Materia Medica be extended to five years, in order to afford sufficient time for original investigation. He next directed the attention of his auditors to the scientific and philosophical methods and teachings of Swedenborg, as in the methods of investigation pursued by him, Dr. Cowley believed all future advancement in psychology, physiology, pathology, and homœopathy would lie. He then quoted extensively from *A Review of Swedenborg's Work on the Brain*, by A. Rabagliatti, which appeared in *Brain*, October, 1883. In conclusion, the speaker thanked the Society for the honor conferred upon him.

On motion of Dr. J. K. Lee, a committee, consisting of Drs. Pemberton Dudley, J. B. Wood, and J. Arthur Bullard, was appointed to consider the recommendations contained therein.

After the calling of the roll, the Treasurer, Dr. J. F. Cooper, of Allegheny, presented his report, which showed the Society to be indebted to him to the amount of \$91.59 as against \$95.40 in 1885.

This report was, upon motion, accepted, and referred to an auditing committee, consisting of Dr. Z. T. Miller, of Pittsburgh, and Drs. B. W. James and H. Knox Stewart, of Philadelphia, who reported that they had examined the Treasurer's accounts, and had found them correct.

The Corresponding Secretary, Dr. Clarence Bartlett, next presented his report. He said that there was a large number of full sets of back volumes of the Society's *Transactions* on hand, and recommended that a committee be appointed to suggest some method by which they could be disposed of.

This report was accepted, and referred for publication. On motion, a committee, consisting of Drs. J. F. Cooper, J. B. Wood, and C. S. Middleton, was appointed to consider its suggestions.

The report of the Publishing Committee was then presented by the Corresponding Secretary, Dr. Clarence Bartlett.

The Committee on Legislation reported verbally through Dr. Hugh Pitcairn, its chairman. The report was discussed by Drs. B. W. James, J. F. Cooper, Aug. Korndorfer, Hugh Pitcairn, and J. K. Lee.

The Society then adjourned until 10 A.M. the following day.

On Tuesday, Sept. 21st, at 10 A.M., the Society was called to order by the President.

Dr. W. J. Martin, of Pittsburgh, in the absence of the Necrologist, Dr. W. R. Childs, read the Necrologist's report, which included obituary notices of Prof. E. A. Farrington, M.D., of Phila.; John R. Reading, M.D., of Somerton; Aug. W. Koch, M.D., of Phila.; J. S. Pfouts, M.D., of Wilkesbarre; Wm. Grumbein, M.D., of Annville.

The report of the Bureau of Organization, Registration, and Statistics was next presented.

Bureau reports being next in order, the Bureau of Materia Medica reported, through its chairman, Dr. Edward Cranch, of Erie. The first paper was by Dr. Eduardo Fornias, on "The Differences between Metallic Gold, its Muriate and its Sulphate," and was read by Dr. Cranch. The second was by Dr. Edward Cranch, of Erie, and was entitled "Belladonna, Borax, and Agaricus." (This paper will appear in a future number of the *HAHNEMANNIAN MONTHLY*.) The programme also announced a paper from Dr. H. C. Allen, on the "Value of Peculiar Symptoms," but was not presented owing to the author's inability to attend the meeting. The report of the bureau was accepted, and referred for publication. No discussion followed these papers.

In the absence of Dr. W. H. Winslow, the chairman of the Bureau of Ophthalmology, Otology, and Laryngology, Dr. Horace F. Ivins, of Philadelphia, presented the report of this bureau. The first paper was by Dr. Wm. H. Bigler, and treated of "*Hydrastis Canadensis* in Affections of the Ear."

Dr. Ivins then read his own paper on "Some Notes on Hay Fever." This essay dealt almost exclusively with the treatment of hay fever. The author referred to his first case of the disease, which he cured with *Allium cepa*²⁰⁰. The success thus obtained has encouraged him to use the same remedy in other cases, but in the thirtieth potency. Relief has always followed; but in some cases it was necessary to resort to adjuvants, such as puncture of the swollen portions of the mucous membrane, the use of cocaine, or of the galvano-cautery. Where hypertrophied tissue or adenoid vegetations existed, these were removed. Although the author placed his chief reliance on *Allium cepa*, he had not, by any means, abandoned the use of other remedies. He then gave the indications on which he prescribed *Euphrasia*, *Arsenicum*, *Gelsemium*, *Arum triphyllum*, *Sanguinaria canadensis*, and *Sanguinaria nitrate*.

The discussion on the report of the bureau was opened by DR. WM. H. MALIN, who said that he himself was a sufferer from hay fever, and had used all the remedies mentioned in the paper, with but partial relief. Yesterday he was suffering intensely from the disease, but had obtained prompt relief from *Aconite* ϕ .

DR. J. H. McCLELLAND referred to the work of Dr. Blakely, of Manchester, on hay fever, in which the author expresses a decided preference for the arsenical preparations, particularly the iodide, as hay fever remedies. The speaker said that he himself preferred *Natrum arsenicosum*.

DR. H. NOAH MARTIN related the history of a case in which he was not successful until he prescribed *Iris versicolor*, on account of gastric symptoms, and afterwards *Mercurius*, when the patient was permanently cured.

DR. JOHN K. LEE made a plea for the individualization of cases in hay-fever as in other diseases.

DR. M. J. BUCK had used *Capsicum*¹² with good results.

DR. W. H. BIGLER mentioned a case in which he had relieved the sneezing by *Natrum mur*^{6x}.

DR. L. H. WILLARD expressed his belief in the value of palliatives in some cases. Cocaine gives relief, so he uses it to alleviate the distress.

DR. J. K. LEE again emphasized the importance of the individualization of cases. He was sorry to hear any one express a belief that the law of cure was not of universal application. Adjuvants, he thought, should never supersede the indicated remedy.

DR. H. NOAH MARTIN referred to the great relief obtained in some cases by very slight changes in locality.

DR. H. KNOX STEWART said that he had cured five cases with *Mercurius corrosivus*.

DR. CHARLES M. THOMAS expressed his desire to hear the results obtained by those gentlemen who used the internal treatment only. He had used caustic applications, and in two cases out of eight or ten, had succeeded in warding off the attack entirely. These cases also received internal remedies.

DR. T. S. DUNNING asked if there was not a possibility of many cases of naso-pharyngeal catarrh recurring in August, being mild cases of hay-fever.

The discussion then closed, and the Society adjourned until 3 P.M.

Afternoon Session.—The Society met again at 3 P.M., when Dr. J. N. Mitchell, of Philadelphia, chairman of the Bureau of Obstetrics, presented the report of that bureau, which embraced the following papers:

"Puerperal Fever," Allegheny County Society; *a*. "History and Etiology," by W. J. Martin, M.D.; *b*. "Pathology," by J. R. Horner, M.D.; *c*. "Diagnosis and Prognosis," by W. R. Childs, M.D.; *d*. "General Treatment," by John B. McClelland, M.D.; *e*. "Medical Treatment," by C. C. Reinhart, M.D.; "Cases from Practice," Mary Branson, M.D., Philadelphia; "Three Cases of Extra-Uterine Pregnancy," J. A. Bullard, M.D., Wilkesbarre; "Case of Puerperal Septicæmia," J. Richey Horner, M.D., Allegheny City; title not received, L. L. Danforth, M.D., New York; "Diagnosis of Pregnancy in the Early Weeks by Hegar's Sign," by J. N. Mitchell, M.D., Philadelphia.

These papers were all read with the exception of that by Dr. Danforth. The Chairman announced that he had not heard from Dr. Danforth as yet, and suggested that his paper be read by title, so that, in case it was received in time, it could appear in the *Transactions*. The report of the bureau was then accepted and ordered to be published.

The report of the Bureau of Gynecology, of which Dr. B. F. Betts was chairman, was next called for. It embraced the following papers:

"A Fatal Case of Ovariectomy," by C. H. Hofmann, M.D., Pittsburgh; "Case of Uterine Polypi," by R. P. Mercer, M.D., Chester, Pa.; "Mechanical v. Medicinal Measures, in the Treatment of Uterine Displacements," by Emma T. Schreiner, M.D., Philadelphia; "Treatment of Sterility," by H. J. Sartain, M.D., Philadelphia; "The Importance of the Immediate Operation for Laceration of the Perineum," by I. G. Smedley, M.D., Philadelphia; "The Application of the Principles of Homœopathy to Abdominal Surgery," by B. F. Betts, M.D., Philadelphia.

Owing to the lateness of the hour, only the first three papers on the programme were read, when the Society adjourned until the following morning.

DR. BETTS opened the discussion by reviewing briefly the papers that had been presented. In respect to the immediate operation for laceration of the perineum, he thought that we should educate ourselves to do the same without the aid of sight. Dr. Betts also exhibited Molesworth's new dilator.

DR. McCLELLAND did not think the expansive force of the Molesworth dilator sufficient. Moreover, he feared that the plunger might slip from between the blades and do damage; in fact, he had had one case where he thought that the operation had been followed by inflammation due to this cause. He recommended Ellinger's dilator, as being safer and more useful.

DR. SMEDLEY said that he had used Molesworth's dilator in a number of cases, but in view of Dr. McClelland's results he would exercise greater precautions in the future. He did not think Ellinger's dilator small enough to be used in cases of stenosis of the cervix.

DR. M. S. WILLIAMSON asked as to when was the proper time to discover lacerations of the perineum by the touch. He thought the best time to be when the placenta was passing through the external passages.

DR. BETTS fully agreed with Dr. Williamson's suggestion. The same method applied to lacerations of the cervix.

DR. SMEDLEY thought the proper time to examine for laceration of the perineum is when the placenta has been delivered. He advocated the use of sight as being very important in their detection.

DR. C. M. THOMAS asked if Dr. Betts was satisfied with the results in his operations performed without the aid of vision.

DR. BETTS replied that it was customary with him to

examine all his cases eight weeks after confinement to see if there was good approximation of the cervix uteri or uterine walls.

DR. THOMAS said that he had had not a small experience in the restoration of lacerated perineæ, and he had used catgut for a number of years. In fully 90 per cent. of his cases, he had found it necessary to run the line of denudation up to the uterus. It is possible that although the parts had healed, there may have remained a relaxation of the tissues with tendency to a rectocele. He doubted if any one could unite a rent in the vagina without the aid of vision. It would be a particularly difficult matter to thus remove ragged edges. His practice in recent cases was to make use of the speculum, cleanse the parts thoroughly with bichloride solution, remove ragged edges and introduce his stitches.

DR. BETTS asked if Dr. Thomas had ever been called upon to close rents in the vaginal walls not extending to the perineum.

DR. THOMAS replied that he had. He thought such cases were extremely common.

DR. BETTS suggested that Dr. Thomas try to close these vaginal rents without the use of sight. He thought that he (Dr. T.) would with his skill, find it a very easy thing.

DR. THOMAS asked if Dr. Betts could remove ragged edges without seeing them.

DR. BETTS replied that he could in the majority of instances.

DR. COWLEY asked how Dr. Betts could secure the consent of his patients to an examination six or eight weeks after delivery.

DR. BETTS replied that he found that patients appreciated the attention.

DR. BUCK questioned Dr. Betts as to the value of episiotomy as a preventive of perineal lacerations.

DR. BETTS replied that he had tried it but had not obtained any striking benefit from it.

The discussion here closed. The Bureau of Surgery next reported through the chairman, Dr. L. H. Willard, of Allegheny. The first paper was by Dr. Charles M. Thomas, on "Supra-pubic Lithotomy." The author reviewed briefly the recent literature on the subject, and then proceeded to give his experience with the operation, which consists of five cases, four of which were successful; the remaining one dying of kidney complications.

Papers as follows were also presented: "Remarks on Internal Urethrotomy with Cases," by W. B. Van Lennep, M.D.; "Tetanus," by E. Reading, M.D.; "Surgical Cases," by W. R. Childs, M.D.; "Stricture of the Colon," by J. H. McClelland, M.D., and "Resection of the Knee-joint, Complicated with Chorea," by L. H. Willard, M.D. After the reading of these papers the Society adjourned until 3 P.M.

When the Society again convened in the afternoon the report of the Bureau of Clinical Medicine was presented through the chairman, Dr. A. P. Bowie, of Uniontown. The first paper read was by Dr. John W. Dowling, who, at the request of the Corresponding Secretary, had prepared for the Society a paper entitled "The Functional and Organic Disturbances Arising from Lithæmia." The speaker said that, although both gout and lithæmia resulted from the same cause, yet it was important that a distinction should be made between them. He then gave the definition of gout as given by Murchison, and then said that, while every gouty subject has at some time suffered from lithæmia, every lithæmic subject does not suffer from gout. He also spoke of lithæmia as irregular or non-articular gout. Dr. Dowling then took up the questions, What is lithic acid? and why does it accumulate in the blood? He showed the importance of disordered liver function as a cause of lithæmia. There are foods which never tax the most delicate digestive apparatus, and leave behind but little waste. Then there are others, rich in nitrogen, which are difficult of digestion, and leave behind excrementitious matters in such quantities as to tax severely the organs of excretion. Too large a quantity of good food may have the same deleterious action as the food too rich in nitrogen. The excessive formation of excrementitious substances will finally produce various forms of organic disease, as chronic interstitial nephritis, cystic catarrh, and urinary calculi. Some subjects are remarkably prone from trivial causes to lithæmic conditions, even in early childhood, owing to constitutional peculiarities. Many of the so-called cases of neurasthenia, Dr. Dowling believed, to be only cases of lithæmia, which can be cured by attention to proper diet, the avoidance of stimulants and drugs, and a proper amount of physical and mental exercise. The now fashionable malaria may also be confounded with lithæmia.

Respecting the etiology of lithæmia, the speaker expressed very strongly his firm conviction that excessive use of alcohol was an undoubted cause of the disease. This poison produces

organic diseases of all of the viscera, and, moreover, disturbs the function of the liver to such an extent that it is unable to convert the nitrogenous waste in the system into urea, and lithæmia results. Another cause of lithæmia is excessive use of nitrogenous food. Indiscretions in diet, by disturbing the action of the stomach and liver, may also lead to the formation of uric acid, which enters the general circulation, and is not properly eliminated by the kidneys. One of the most important factors in the etiology is an indolent, lazy life.

The entire nervous system may be affected by lithæmia; some cases of insanity even may result from the presence of uric acid in the blood. The digestive organs always suffer in these cases, as will many times the organs of the circulatory and respiratory systems. The urinary and genital organs rarely escape. Even loss of virile power may result from lithæmia. The speaker then quoted Murchison's tabulated arrangement of the symptoms of lithæmia from Fagge's *Practice of Medicine*. He then related the histories of two cases of functional diseases due to lithæmia, taken from his record book, and then proceeded to the consideration of organic diseases arising from the same cause. All cases of functional disease resulting from lithæmia can be cured; with organic diseases the result is different. The latter cannot be cured, although they are, to a certain extent, amenable to treatment. First and foremost among the organic diseases resulting from lithæmia Dr. Dowling mentioned chronic interstitial nephritis, chronic catarrh, and hypertrophy of the bladder, chronic prostatitis, and chronic pyelitis, stone in the bladder, atheroma of the arteries, and hypertrophy of the muscular walls of the heart, valvular diseases of the heart, fatty degeneration of the heart, and apoplexy. Various affections of the respiratory tract may also result from the same cause. Dr. Dowling's own personal experience had convinced him that many organic diseases of the nervous system resulted alone from lithæmia. Three cases of organic disease, from the speaker's own practice, were then cited to illustrate his remarks. The paper closed with a few observations respecting the treatment of lithæmia. The first step in the treatment is a positive diagnosis, and then to learn the causes of the disease. Faulty modes of life should be corrected. Lay out a proper course for the patient to pursue, and help nature by the administration of the properly selected homœopathic remedy.

A few words of comparisons between the methods of the homœopaths of to-day and those of the pioneers of homœ-

opathy concluded Dr. Dowling's paper, which, though of great length, interested the Society to the end.

The members of the Society were then notified that the photographer was waiting for them in front of the building, so a short recess was taken.

When the Society again assembled, Dr. C. Vanartsdalen read an abstract of his paper on "*Natrum Arsenicum* in Skin Diseases." He was followed by Dr. Charles Mohr, who read a paper entitled "*Notes on Interesting Clinical Cases.*"

DR. W. J. MARTIN, of Pittsburgh, then read his paper, which consisted of a report of several interesting clinical cases. Case I. was one of weak dilated heart, in an old gentleman of sixty-five. Great improvement resulted from *Nux vomica*, *Digitalis* and *Arsenicum jod.*; these remedies being given at different times according to the indications present, and not in alternation. The second case was one of carbuncle. The pain was so intense that the patient could not lie down or go to sleep; she walked about the room, and feared that she would die or go crazy. The carbuncle was studded with small openings. No pus was discharging. The pains were of a burning stinging character. *Tarentula cubensis*¹² brought almost magical relief. The third case was one of cough cured by *Manganum metallicum*, the prescription of this remedy being based on the fact that the cough was always better when the patient was lying down. The remaining cases were of diarrhœa cured by *Hyoscyamus*, of persistent vomiting cured by *Magnesium phos.*, and of high temperature in a case of typhoid fever.

Two papers were presented by Dr. J. Richey Horner, of Allegheny. These were entitled "*A Remarkable Case of Typhoid Fever,*" and "*Cœnanthe Crocata in Epilepsy.*"

DR. E. M. GRAMM, of Philadelphia, read a paper on "*A Series of Cases of Molluscum Epitheliale in Collateral Branches of a Family.*" Two of the cases were under his treatment. One of these had lasted a year and a half, but was cured in three weeks by *Pulsatilla n.*, the temperament and disposition of the child being the indicating symptoms. The other case, which had lasted six months, was also cured in three weeks by *Silicea*²⁰, the indicating symptoms being a tendency to rawness between the toes, cold feet and inability to withstand cold.

The paper prepared by Drs. F. R. Smucker and S. L. Dreibilbis, of Reading, on behalf of the Hahnemannian Society of Reading, was next presented and read by title. Its subject was "*The Sphere and Utility of Non-homœopathic Expedients in the Treatment of Diseases.*" Dr. Bowie next read

his paper on "Clinical Facts." The Society then adjourned until the following morning.

During this session the Committee on the Report of the Corresponding Secretary offered a resolution directing the Secretary to dispose of complete sets of the Society's *Transactions* (14 vols.) to physicians residing in Pennsylvania for \$6.00, to those outside the State at \$8.00.

On Thursday morning at ten o'clock, the Society again assembled. The report of the Bureau of Clinical Medicine was continued. The paper by the Philadelphia County Society was first presented. A proposition to read this paper by title was offered. Dr. Miller, of Pittsburgh, objected to this, saying that if a society went to the labor of preparing a paper, the members of the State Society should permit them to read the same. The paper was therefore read. Its subject was "Hæmorrhages." It was prepared by a committee consisting of Drs. T. S. Dunning, G. W. Smith, and E. Fornias. The next paper presented was entitled "Dysmenorrhœa; Its Causes and Treatment" and was written by Drs. Jos. Hancock and Geo. T. Parke as representatives of the Boenninghausen Club. The report of the bureau then closed.

The discussion was opened by DR. AUG. KORNDÆRFER. He first referred to Dr. Martin's cases of cough, with relief from lying down, cured by Manganum, and then he mentioned another key-note symptom for that remedy, namely: rheumatic pains with localized erythematous spots which are very painful and last for variable lengths of time. The speaker next commented upon the current fashion of reporting cases at our society meetings. He trusted that in future greater stress would be laid on the homœopathic curative treatment, and especially on key-note symptoms indicating the curative drug. He also deprecated the growing tendency toward the adoption of palliative measures. He then made an urgent plea for the small dose, saying that homœopathy was brought to the high position which it holds at the present time by the men who used small doses almost exclusively. He illustrated his remarks by exhibiting a little pocket case of homœopathic medicines, the bottles contained in which could readily be swallowed, they were so small. This case was years ago presented by Dr. Jacob Jeanes to one of his families, and had been given to Dr. Korndærfer, that it might be placed in the College museum. The speaker next made a few remarks eulogistic of Dr. Jeanes.

DR. COWLEY asked Dr. Korndærfer for the microscopic evidence in favor of the small doses.

DR. KORNDÆRFER replied that the microscope failed to give such evidence. The curative effect of the small doses when administered to the sick was a far more delicate and effectual test of their efficacy than could be any observations with the microscope. The speaker then related the history of a severe case of hæmatemesis to which he was once called. The cause of the trouble was mental shock. Because of the pale features, complete prostration, and almost hippocratic face, *China* θ , was given. This remedy gave great relief. The patient then developed intense nausea, with pallor of the face and blueness of the mouth. *Ipecac.* was given. Six or eight hours later there came a dark venous hæmorrhage associated with great soreness in the region of the stomach and sore feeling over the entire body. *Hamamelis* was given. The next morning the *China* symptoms all returned, and *China* again relieved. Later, the *Ipecac.* symptoms returned, but disappeared on the exhibition of that remedy. Next the *Hamamelis* symptoms developed. Thus these three remedies were alternated. This alternation, Dr. Korndærfer explained, was the true Hahnemannian alternation, which did not arise from routinism. The patient whose case had just been described made a perfect recovery.

DR. B. W. JAMES referred to the influence of homœopathy on the dosage of the old school.

DR. HUGH PITCAIRN described a case of insomnia in a pregnant woman. All his efforts to give her relief failed. The patient exhibited a marked disposition to eat camphor.

DR. CLARENCE BARTLETT suggested that the camphor might have been the cause of her symptoms.

DR. PITCAIRN did not think that such was the case, for the insomnia antedated the camphor eating. In response to a question by Dr. Korndærfer, Dr. Pitcairn replied that he failed to cure the case; that he brought on premature labor, after which the insomnia disappeared.

DR. AUG. KORNDÆRFER told of a case of insomnia and excitability reflex from the uterus that he had cured promptly with *Tarentula cubensis*¹². He also suggested *Magnesium phos.* as a remedy that might have acted well in Dr. Pitcairn's case. The discussion here closed.

The Society then proceeded to discuss the report of the Bureau of Surgery, which had been presented the day before. The discussion was opened by DR. L. H. WILLARD, who called attention to one of the cases reported by Dr. Childs, that of rupture of the quadriceps femoris. He especially directed

attention to the fact that the patient could tolerate a wire suture through the muscles for six weeks without bad results.

DR. B. W. JAMES thought that the variability in results after operation was to be attributed to variability in the temperaments of patients.

DR. J. H. McCLELLAND spoke in praise of Dr. Thomas's paper on suprapubic lithotomy. He said, in regard to the third case (which occurred in Pittsburgh), there was a doubt in the minds of some as to the primary union of the wound in the bladder. That has occurred in other cases, although the rule is for the bladder wound not to adhere primarily. The serous discharge in this case occurred without reference to the amount of urine or fluid contained in the bladder. The urine drawn from the bladder had an ammoniacal odor. That from the wound was odorless. Dr. McClelland, therefore, said that he considered that case one of primary union of the bladder.

DR. W. B. VAN LENNEP said that the incision as usually made in suprapubic lithotomy was altogether too small. He was opposed to tearing through the tissues. He thought incisions far preferable. He did not think a wound of the peritoneum should be feared, as the introduction of a stitch or two will cause it to heal within twelve hours. The main danger in the operation he thought to be that of infiltration of urine within the loose connective tissue.

The discussion then closed.

The report of the Bureau of Pathology was then called. All the members of the bureau being absent, the only paper announced, that by Dr. John C. Morgan on the "Pathology of Croupous Pseudo-membranes," was read by title, and referred for publication.

The Bureau of Sanitary Science presented but one paper, that by Dr. Sarah J. Coe, of Wilkesbarre, entitled "Cremation." The sanitary aspects of this subject were discussed by Mr. T. F. Brock and Drs. I. T. Talbot, B. W. James, and David Cowley. The Society then adjourned until 3 P.M.

When the Society reassembled at 3 P.M. the Bureau of Pædology reported. The following papers were presented: "Convulsions in Childhood due to Reflex Irritation," by C. S. Middleton, M.D.; "Infant Feeding," by Lora C. Jackson, M.D.; "Morbus Coxarius," by H. M. Bunting, M.D.; "Paraplegia of Pott's Disease," by Clarence Bartlett, M.D.; "Spontaneous Cases of Scarlatina and Diphtheria," by Hugh Pitcairn, M.D.; "Statistics of Croup and Diphtheria," by W. B. Trites, M.D.

The discussion was opened by DR. CLARENCE BARTLETT, who referred to a remark in Dr. Bunting's paper in reference to phimosis as a cause of hip-disease. He thought that the subject of genital irritation was considerably overrated. While it was true that there were some cases of nervous and other diseases due to this cause, these were greatly less in number than was commonly supposed to be the case. He himself had never met with a case of either chorea or epilepsy that had been cured by circumcision, or in which there was any evidence of genital irritation due to redundant or tight prepuce.

DR. JOHN E. JAMES said that he was satisfied that phimosis was a cause of reflex symptoms. He had cured several cases by circumcision. He knew the subject was being run into the ground by many, but he thought we should observe due care not to go to the other extreme, and deny the efficiency of circumcision in certain cases.

Respecting the subject of croup and diphtheria, Dr. James expressed the opinion that the two diseases were distinct. He thought statistics fallacious, because physicians in reporting their cases fail to give certain very important information.

DR. PEMBERTON DUDLEY said that he thought that we did not yet have sufficient knowledge to enable us to advance an intelligent opinion respecting the identity or non-identity of croup and diphtheria. He also said that we must not lose sight of the fact that croup was known when diphtheria was not. He then spoke of a case of what he at first believed to be spasmodic croup in one of his families. One of the other children injured his knee at this time, and in a short time the wound was covered with a diphtheritic membrane. Both cases recovered under anti-diphtheritic remedies.

DR. W. B. TRITES said that, so far as his observation extended, he thought that the bulk of the argument was in favor of the unity of croup and diphtheria, still he remained open to conviction.

The discussion then closed. There being no other business to report, the Society proceeded to the transaction of new business. The Treasurer presented a list of members who were indebted to the Society in the sum of fifteen dollars or over. He asked whether the Society wished the names of these physicians to be dropped from the roll, or whether they should be continued as members for another year. On motion of Dr. W. B. Trites, the Treasurer was directed to communicate with all those named in his list, and endeavor to get them to make

good their delinquences, and report result at the next meeting of the Society.

The Committee on President's Address next reported. In regard to the recommendation that the licensing body be separated from the teaching, an adverse report was made, as the student's ability or qualification is best known to the teacher. The propositions relating to hours of rest for railroad employees and the importance of an insane asylum under homœopathic control were recommended to the careful consideration of the Committee on Legislation. It was also recommended that the Bureau of Materia Medica be continued in office for a term of five years, but each year one member be retired and a new one added. In regard to Swedenborg's scientific methods the Committee announced themselves unacquainted with them, and therefore unable to make any specific recommendations. They also recommended that a vote of thanks be tendered the President for his interesting address.

After the reception of this report the Society adopted its recommendations, with the single exception that that relating to the Bureau of Materia Medica was not to be operative for one year yet, the Bureau being instructed to report at the 1887 meeting a plan of work for adoption when the five years' term of service takes effect.

The election of officers for the ensuing year then took place and resulted as follows:

President.—A. R. Thomas, M.D., Philadelphia.

First Vice-President.—W. J. Martin, Pittsburgh.

Second Vice-President.—Edward Cranch, M.D., Erie.

Treasurer.—J. F. Cooper, M.D., Allegheny.

Recording Secretary.—Horace F. Ivins, M.D., Philadelphia.

Corresponding Secretary.—Clarence Bartlett, M.D., Philadelphia.

Neurologist.—W. R. Childs, M.D., Pittsburgh.

Censors.—Hugh Pitcairn, M.D., Harrisburg; W. B. Trites, M.D., Philadelphia; H. W. Fulton, M.D., Pittsburgh.

Pittsburgh was chosen as the place for the next annual meeting, and the Allegheny County Society was made the local committee of arrangements.

The President then announced the bureaus and committees for the ensuing year as follows:

Committee on Legislation.—Hugh Pitcairn, M.D., Harrisburg, *Chairman*; Pemberton Dudley, M.D., Philadelphia; J. H. McClelland, M.D., Pittsburgh; A. P. Bowie, M.D.,

Uniontown; and John K. Lee, M.D., and J. N. Mitchell, M.D., of Philadelphia.

Bureau of Materia Medica.—C. Mohr, M.D., Philadelphia, *Chairman*; J. C. Guernsey, M.D., C. S. Middleton, M.D., Aug. Korndorfer, M.D., of Philadelphia; Z. T. Miller, M.D., Pittsburgh; A. P. Bowie, M.D., Uniontown; and S. Lilienthal, M.D., New York City.

Bureau of Clinical Medicine.—W. J. Martin, M.D., Pittsburgh, *Chairman*; Clarence Bartlett, M.D., Philadelphia; G. S. Boyd, M.D., Beaver Falls; David Cowley, M.D., Pittsburgh; S. W. S. Dinsmore, M.D., Sharpsburgh; R. K. Fleming, M.D., Pittsburgh; Geo. M. Getze, M.D., Tarentum; D. R. Harris, M.D., New Castle; Maria N. Johnson, M.D., Philadelphia; J. M. Maurer, M.D., Washington; E. C. Parsons, M.D., Meadville; C. C. Rinehart, M.D., Pittsburgh; F. R. Schmucker, M.D., Reading; Thos. Nichol, M.D., Montreal, Canada.

Bureau of Surgery.—W. B. Van Lennep, M.D., Philadelphia, *Chairman*; Charles M. Thomas, M.D., Philadelphia; John E. James, M.D., Philadelphia; J. H. McClelland, M.D., Pittsburgh; W. R. Childs, M.D., Pittsburgh; J. J. Detwiller, M.D., Easton; L. H. Willard, M.D., Allegheny; Edward Reading, M.D., Hatboro; H. J. Evans, M.D., Altoona; M. J. Buck, M.D., Altoona; J. Wm. Giles, M.D., Philadelphia.

Bureau of Obstetrics.—J. Arthur Bullard, M.D., Wilkesbarre, *Chairman*; J. N. Mitchell, M.D., Philadelphia; O. B. Gause, M.D., Philadelphia; Mary Branson, M.D., Philadelphia; C. F. Bingaman, M.D., Pittsburgh; H. H. Hofmann, M.D., Pittsburgh; O. T. Huebner, M.D., Lancaster.

Bureau of Gynecology.—I. G. Smedley, M.D., Philadelphia, *Chairman*; H. J. Sartain, M.D., Philadelphia; B. F. Betts, M.D., Philadelphia; E. T. Schreiner, M.D., Philadelphia; Mary Branson, M.D., Philadelphia; C. H. Hofmann, M.D., Pittsburgh; Millie J. Chapman, M.D., Pittsburgh; W. A. Hassler, M.D., Allentown; R. P. Mercer, M.D., Chester.

Bureau of Pathology.—W. C. Goodno, M.D., Philadelphia, *Chairman*; W. K. Ingersoll, M.D., Philadelphia; J. C. Morgan, M.D., Philadelphia; W. D. King, M.D., Pittsburgh; I. B. Chantler, M.D., Sewickley; S. Starr, M.D., Chester; C. A. Wilson, M.D., Pittsburgh; E. L. Oatley, M.D., Philadelphia.

Bureau of Ophthalmology, Otology and Laryngology.—W. H. Bigler, M.D., Philadelphia, *Chairman*; R. W. McClelland,

M.D., Pittsburgh; Jos. E. Jones, M.D., West Chester; Horace F. Ivins, M.D., Philadelphia; W. H. Winslow, M.D., Pittsburgh; W. H. H. Neville, M.D., Philadelphia; H. C. Houghton, M.D., New York; W. A. Phillips, M.D., Cleveland, Ohio.

Bureau of Paedology.—Daniel Karsner, M.D., Philadelphia, *Chairman*; E. E. Davis, M.D., Philadelphia; W. B. Trites, M.D., Philadelphia; Lora C. Jackson, M.D., Philadelphia; S. F. Shannon, M.D., Sewickley; H. M. Bunting, M.D., Norristown; John K. Lee, M.D., Johnstown; M. M. Walker, M.D., Philadelphia; J. H. Closson, M.D., Philadelphia.

Bureau of Sanitary Science.—B. W. James, M.D., Philadelphia, *Chairman*; E. C. Parsons, M.D., Meadville; J. F. Cooper, M.D., C. D. Herron, Pittsburgh; J. B. Wood, M.D., West Chester; W. H. Malin, M.D., Philadelphia; Sarah J. Coe, M.D., Wilkesbarre; T. M. Johnson, M.D., Pittston; P. Dudley, M.D., Philadelphia.

Delegates to American Institute of Homœopathy.—J. C. Burgher, M.D., Pittsburgh, *Chairman*; P. Dudley, M.D., Philadelphia; L. H. Willard, M.D., Allegheny, A. Korndoerfer, M.D., Philadelphia.

Bureau of Organization, Registration and Statistics.—C. Bartlett, M.D., Philadelphia, *Chairman*; W. W. Van Baun, M.D., Philadelphia; J. S. Boyd, M.D., New Brighton; F. R. Schmucker, M.D., Reading; F. J. Slough, M.D., Allentown; M. M. Walker, M.D., Germantown.

After extending votes of thanks to the officers the Society adjourned.

During the sessions the Board of Censors reported favorably upon the following applications for membership, and the applicants were elected:

Van R. Tindall, Philadelphia; Gustav E. Bonnet, Philadelphia; Thos. H. Grimes, Sewickley; James H. Thompson, Pittsburgh; Frank C. Gundlach, Allegheny; W. K. Ingersoll, Philadelphia; L. W. Reading, Hatboro; Edwin Van Deusen, Philadelphia; Jos. M. Gerhart, Philadelphia; W. F. Marks, Reading; T. M. Bulick, Altoona; D. P. Maddux, Chester; W. G. Dietz, Hazleton; L. P. Posey, Philadelphia; James H. Closson, Philadelphia; E. L. Oatley, Philadelphia; J. J. Griffith, Philadelphia; Peter A. Bier, Pittsburgh; W. A. Seibert, Easton; C. A. Wilson, Allegheny City; Jos. M. Reeves, Philadelphia.

PRESENTATION OF THE HAHNEMANN PORTRAIT.

[Following is the Address delivered at the presentation of the Hahnemann Portrait, during the Dedicatory Exercises of Hahnemann Medical College, September 21st, 1886, by Joseph C. Guernsey, M.D.]

"*Non inutilis vivi*," were the words with which the great Hahnemann welcomed death; and the consciousness that he had "not lived in vain," calmly and soothingly possessed his spirit as, freed from earthly bonds and natural ties, it rose into a sphere of new life and renewed usefulness.

It is with feelings of love, veneration, and gratitude, that I come forward to perform my part in the dedicatory exercises of this newly erected building: *Gratitude*, for the wide extension of homœopathy in the few years of its existence, for the strong hold it has taken upon its disciples; *veneration*, for the self-sacrifice with which so many of our predecessors laid down their lives in devotion to our cause, for the abiding faith with which they adhered to its truths; *love*, for this grand old college, my alma mater, the first to send forth sons well furnished for their life's work, to be followed by hundreds emulous of the deeds of those who went before. Yesterday our College occupied an obscure site, hardly known to the outside world. To-day she stands upon our widest thoroughfare, to be seen of all men. But chiefly do I feel love, veneration, and gratitude for the memory of him whose portrait we now unveil,—

SAMUEL HAHNEMANN!

He made known homœopathy; his name honors every homœopathic college in the country; every homœopathic medical society; and especially it honors the Hahnemann Medical College of Philadelphia!

No name is more intimately connected with the science and practice of medicine than that of *Samuel Hahnemann*, who stands as the greatest medical benefactor of the human race.

In behalf of the heirs of my late father, Dr. Henry N. Guernsey, for many years Professor in this College, and Dean of the Faculty, I now present a portrait of Samuel Hahnemann to this institution. Painted to my father's order, it hung for twenty years in his reception room for patients. To those of you who knew him, it is unnecessary for me to refer to my father's reverence for the man whom the painting represents, or to his steadfast belief in and his practice in harmony with his teaching. May the sight of this portrait prove an incentive to the teachers of this institution to teach as Hahnemann taught, and to

the students to learn to practice as Hahnemann practiced; and for both to weigh well his admonition: "Whoever does not advance on the same course with me, but recedes or turns to the right or to the left, betrays me; he is an apostate; I shall condemn him." "My true disciples" (writes Hahnemann to Schneickert) "do not remain satisfied with any case until the proper homœopathic remedy is ascertained. For it is proved by the practice of many true homœopaths, who never depart from the essential principle, that every disease is most safely cured by homœopathic remedies." Hahnemann sought not to *exalt himself*, but to bless mankind; not to originate a *system*, but humbly, yet uncompromisingly to advocate the TRUTH!

CORRESPONDENCE.

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY.

SIR: Pardon me for encroaching upon your valuable space with any further remarks upon the subject of "The Overgrowth of Surgery in Gynecology and Obstetrics."

It seems unnecessary for me to say anything more from my standpoint, since Dr. Wilcox seems not to understand my line of argument.

The kernel of my paper is found in my protesting that—so much is now written and such space given to the study of these operations by the great operators of the present day—there is great danger in young men without special study or advantages founding a prognosis on these statistics for their operations; that, as it is a special study, it is not wise for so much space to be taken up in our journals, and especially in our homœopathic journals, since it tends to foster a belief that such operations are easy and should be performed by all surgeons.

In reply to this Dr. Wilcox persists in saying that he does not write from the statistics of "great operators," but from "what I know myself," and then, after informing you what advantages he has had in the way of study, which are certainly enviable, he describes what he has seen under Helmuth, Billroth, Carl Braun, and others equally famous, and comes to the conclusion from five Porro operations performed by Carl Braun and six infra-vaginal hysterotomies by Helmuth that there could not be the slightest hesitation in his mind in choosing, between a Cesarean section and a craniotomy, in favor of the former, in the case of a healthy mother and a living fœtus.

I may be very dull of comprehension, since I cannot see how he answers my objection to forming a prognosis on the results gained by great operators. At the risk of again quoting from writings which have come "*opportunately*" to me, permit me to refer to a letter of Mr. Tait's in the September number of the *American Journal of Obstetrics*. Writing upon the subject of abdominal section, he says: "Upon the whole I do not pretend to say that unnecessary, and, therefore, improper, operations are not being performed; unfortunately, I know that they are, but it is due not to the principles of the operation, nor to anything concerning the operation, but simply to the inherent tendency to error which prevails in everything that is human. Everybody now seems to be desirous, especially on your side of the Atlantic, of opening the abdomen, and so long as this is the case, the production of specimens which do not justify their removal will be inevitable." Again, in the same journal, on page 973, we find Mr. Tait saying: "What I fear, in fact what I already feel, is that the remarkable success which I have had, and of which Professor Byford speaks in such strong terms, is really leading astray those whose opportunities have not been as my own, into the belief that the work is easy, simple, easily acquired, and free from risk. . . . I have said that I fear, in fact already feel, that this success of mine is leading people astray, and I want to urge in the name of humanity, as well as for the sake of the art we practice, that there should be less of this indiscriminate rushing into this kind of work, which has been already deplored on both sides of the Atlantic."

In the October number of this same journal Dr. Garrigues has an article on "The Improved Cesarean Section." I can quote but one sentence: "On the other hand, I am not prepared, with several authors, to teach that the improved Cesarean section should be substituted for craniotomy, and to stamp as an abominable crime the destruction of the living fœtus, if by such a sacrifice there is reasonable hope of a safe delivery for the mother."

And now, finally, I come, Mr. Editor, to the main reason of this letter. In that portion of my article where I speak as above of the danger to "young men without special preparation, opportunity, study, experience, or judgment," Dr. Wilcox makes the mistake of fitting the remark upon himself. I am exceedingly sorry to have been so misjudged. I have a great dislike to personalities in an article which should only be looking after that which is truth. At the time I wrote I

had no idea whether Dr. Wilcox was a young man or an old one, since I had never heard of him. But, as I thought his ideas were incorrect, I answered them, and in my answer generalized that these flattering statistics by the great operators were dazzling, and apt to mislead such young men as I described. I desire to thus publicly express myself, lest others, as Dr. Wilcox has done, may have misunderstood me. His opportunities, as he tells us, having been so enviably great, we may well hope that his future may be one of honor, not only to himself, but to his school.

Respectfully,

J. NICHOLAS MITCHELL, M.D.

A NEW OPERATION FOR PTOSIS.—Of late years several attempts have been made to improve upon the old operation for congenital or paralytic ptosis, which merely consisted in removing a fold of skin from the lid. The principle of the operations of Dransart and Pagenstecher is to establish a connection between the lid and the occipito-frontalis muscle by means of subcutaneous cicatricial bands, got by allowing sutures to ulcerate their way out along their tracks underneath the skin. Panas (*Archives d'Ophthalmologie*, vi. 1, 1866) has found the following operation very successful, and not followed by so much pain and swelling as Dransart's, of which, however, he admits the efficiency. An assistant applies his hand to the patient's forehead to prevent the drawing down of the skin of the lid, by which the natural arrangement of the tissues would be interfered with, and the precision of the necessary incisions affected. He first begins an incision along the line of the upper border of the tarsus. This incision is, however, not continued along the whole of that line, but interrupted so as to leave a central portion of one-third inch in extent uncut. A second horizontal incision, with a slight convexity upwards, and not quite an inch in extent, is made in the position of the fold of separation between the eyebrow and lid, and, therefore, about over the orbital margin. The second incision must involve all the tissues down to the periosteum, and by means of two short vertical incisions be joined with the inner extremity of the external portion and outer extremity of the internal portion of the lower incisions. Finally, a third incision is made parallel to the second, and somewhat more than an inch in length, along the upper border of the eyebrow and passing down to the periosteum. The little peninsula of skin and muscle included between the middle and lower horizontal and the two vertical incisions is next dissected free from the tarsus down to its ciliary border, taking care not to interfere with the suspensory ligament of the lid. The bridge between the middle and upper incisions is then undermined, whilst avoiding periosteum and suspensory ligaments. When this has been done, the dissected flap is pressed up underneath the undermined bridge, and attached by three sutures to the upper edge of the upper incision. To prevent the traction on this medial flap producing ectropion, a suture is put in at each side, by which means the conjunctiva and suspensory ligament of the lid are united to the edges of the upper incision. Panas claims in this way to have introduced an operation which meets the indications required by a shortening of the lid to the desired extent by the raising of the tarsal portion, and causing the insertion of the occipito-frontalis muscle to occupy the position and assume the function of the absent or paralyzed levator.—*Medical and Surgical Reporter*, September 4th, 1886.


1886.]

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editor, Business Manager,
PEMBERTON DUDLEY, M.D. BUSHROD W. JAMES, M.D.

Vol. VIII. Philadelphia, Pa., November, 1886. No. 11.

 The Editor is responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors.

Editorial.

THE BUREAU WORK OF THE INSTITUTE.—The New England *Medical Gazette*, in its September issue, contains a suggestive editorial regarding the proposed “sectional meetings” of the American Institute of Homœopathy. It says:

“To put a quart of molasses into a pint bottle, is a problem, the solution of which has been attempted times out of mind. It has never yet been fully solved; but our medical societies wrestle with it annually, and sometimes monthly. The American Institute of Homœopathy has tackled the problem. In fact, with that body it is no recent effort. . . . How to allow each member of the many bureaus to read to the assembled multitude, every word that he has been able to write on his chosen topic during the year of his official appointment, and to give time for all the remaining members to express all their thoughts on all the various subjects presented, within the four or five days allotted for the annual sessions, is a question not easily solved. . . . There are now, in the various bureaus and committees, more than one hundred different members who have essays on subjects which they desire to present; and there are, perhaps, three hundred physicians in attendance more or less interested in what will be presented. Now, any complicated method which it is possible to misconstrue, would be interpreted in a hundred different ways by as many physicians, in spite of the most lucid explanations. The whole plan, then, of sectional meetings must be made as simple and plain as possible.

“The plan which we would propose, is this: Have the morning and evening hours devoted to general sessions, and the afternoon to sectional sessions, or bureau and committee meetings. The more important of these should be arranged beforehand by mutual consent; and notice of these meetings should form a part of the printed programme. At the last meet-

ing, at Saratoga, ten general sessions were held, occupying, in the aggregate, thirty-one hours. Three of these were afternoon sessions (Tuesday, Wednesday, and Thursday), of three hours each, and filled nine hours, leaving twenty-two hours for morning and evening sessions. Now, every bureau and every committee has some claim to the ear of the Institute; and as there are, say fourteen of these, if each were allowed one hour—some would need more, others less,—there would still remain eight hours for the transaction of general business, which should be ample. In the afternoons the whole time should be given up to separate bureaus and committees, the time and place of meeting of which should be duly bulletined. Three, four, or even more of these could be in session at one time, which would give for aggregate sectional work, as many hours as the whole Institute has formerly occupied. Each bureau should be provided with a shorthand reporter.

"In the one hour,—or more in some cases,—occupied by each bureau in the *general sessions*, *only such subjects should be presented as are of general interest* (Italics ours.—Ed. H. M.), while all papers and discussions of special or technical importance, should be reserved for consideration in *sectional* meetings, by those best qualified therefor.

"The details of such a plan need to be carefully arranged beforehand; and we have no doubt that the committee appointed for this purpose, will so faithfully do their work, that if the molasses is *not* all put into the pint bottle, no essential part of it will be wasted."

We have copied the *Gazette's* editorial almost entire, because of the prime importance of the subject, and because of the undoubted value of its contained suggestions. This journal stands ready to second the *Gazette's* endeavors to place the work of the Institute upon a more efficient and satisfactory basis, and to that end we have some suggestions to offer for the consideration of the Institute members, and especially the members of the Committee having the matter in charge.

The scientific bureaus of the Institute, for which sectional meetings must be provided, are ten in number. It happens, fortunately or unfortunately, that each and all the members are specially interested in the reports of *two or more* of these bureaus, and that unless the sectional meetings are arranged with extreme care many vexations and disappointments, and possibly some ill feeling, may be engendered. The writer of the present article is a member of the Committee, and the whole subject has been to him the occasion of much thought and study, and of not a little anxiety and apprehension.

In the *first* place we ought not to suppose—and we do not—that there is in the whole organization a single member who is not more or less intensely interested in the work of the "Bureau of Materia Medica and General Therapeutics," and it would be most gratifying and most advantageous if the whole Institute could, at some period of its session, resolve itself into a single "sectional" (?) meeting for the consideration of these subjects, and give to them an entire sitting of three hours'

duration. It seems as if the sessions of this particular bureau ought to be guarded against any rival attraction whatsoever.

In the *second* place, we are not sure that the same statement will not hold good respecting the "Bureau of Clinical Medicine." Every homœopathic practitioner, general or special, has a vital interest in this general subject, and may not neglect it without serious detriment to his patients. If there is a possibility of so arranging the business as to permit it, would it not be advisable to have the whole Institute in a single "section" for the consideration of this subject also? We believe that to nine-tenths of the Institute members it would be a great pleasure, as well as a great profit, if nearly the whole of one day could be assigned to these two all-important topics. And these disposed of, the whole Institute would be free to divide itself up to listen to the reports and discussions on the "specialties."

In the *third* place, it must be remembered that some of our surgeons are more or less interested in ophthalmology, and others of them in gynæcology. Therefore, the Surgery Section ought not to be in session at the same time as the other two. Again, many of our obstetricians are interested especially in gynæcology, and others in pædology. It looks, therefore, as if the time given to the Section on Obstetrics ought not to overlap that of these others. We see no very strong reason, however, why the Sections on Surgery and Obstetrics may not both be in session at once, nor why the Sections in Ophthalmology, etc., Gynæcology, and Pædology might not also hold sectional meetings at one time.

The three remaining bureaus, viz., Sanitary Science, Psychology, and Physiology, etc., could also (so it seems to us) hold sectional meetings at one time without involving very great inconvenience to many of the members.

This arrangement would necessitate a division of the scientific work of the Institute into *five* "periods," instead of thirteen as heretofore, and each Bureau should thus secure a period of time two and three-fifths times as long as in previous sessions. These five periods would be as follows:

- (1.) A period for materia medica and general therapeutics.
- (2.) A period for clinical medicine.
- (3.) A period for surgery and obstetrics.
- (4.) A period of ophthalmology, etc., gynæcology and pædology.
- (5.) A period for sanitary science, physiology and pathology, and psychology.

We believe it is possible to so arrange the business of the session that three hours of time may be assigned to each of these five periods, a total of fifteen hours to be devoted to sectional work. Then if each bureau should occupy a half hour for the presentation of its report and "Address" before the whole Institute, and if the Departments of "Statistics," "Pharmacy," "Medical Education" and "Drug Proving" should require an aggregate of two hours, there would still be left eight hours for general routine business, which, as the *Gazette* says, "should be ample."

But now there are difficulties in the way. "Three hours" constitutes nearly the whole of any single *meeting*; the morning meetings being from ten to one, the afternoon from three to six and the evening from eight till ten or half-past ten. A general session for business, at the beginning or end of one of these periods, practically unfits it for the purposes of a complete sectional meeting. If the President's Address is delivered as usual on Tuesday morning, if a general business session is held as usual on Wednesday morning, if the election of officers must (in compliance with the By-laws) be held on Thursday morning, no "sectional meetings" of three hours' duration can be held on those mornings, unless, as is sometimes the case, the meetings should begin at half-past nine.

Then there is another question. Is a period of three hours really sufficient for the reading and proper discussion of *all* the papers of a bureau report? For such is the object for which the "Sectional plan" is proposed. And the sectional plan will inevitably be considered a failure in just so far as it fails to provide time for full presentation of topics and full discussion thereon. Take the Bureaus of Surgery, Obstetrics, Ophthalmology, Gynæcology, Pædology—will three hours at all suffice for each of them? We think it very doubtful. How, for instance, can there be in three hours, next year, a proper consideration of the report on pædology with its *nine* papers, or gynæcology with *ten*, or sanitary science with *fourteen*? It is idle to think of such a thing, and it makes us decidedly uncomfortable to know, thus early, that the best the Committee can hope to do next year, is destined to be in great measure unsatisfactory, and that there is likelihood that the whole scheme is to be buried out of sight beneath an avalanche of text-book essays.

There seems to be a growing conviction among the Institute members, that a grievous mistake was made when the By-laws were made to limit papers to "a special subject" and exclud-

ing papers not relating to that subject. The phrase "a special subject" has been grossly misunderstood to mean a *general* subject. For instance, some two years ago the Bureau of Hygiene ("Sanitary Science") had a report upon the "special subject" of "Hygiene." Next year the same bureau will report on the special subject of "Climatology," the broadest topic in the whole domain of sanitary science; and the fourteen members of the bureau—four more than the law allows—are urged to make their fourteen essays "as complete as possible," an injunction which, if followed out, would give us a "Report" equal in bulk to the whole volume of Institute Transactions. If each of these fourteen essays should require fifteen minutes in reading, it will consume three and a half hours in the aggregate, and discussion will be impossible. Some of the other bureaus will be but little better off. The only "sectional plan" we can think of as likely to meet such demands is a complete splitting up of the Institute into ten or a dozen independent bodies—a proposition which the profession is not quite ready to entertain.

A great deal might be said against the restrictive by-laws above mentioned. The effect of these rules is, to lower (we use the term advisedly) the Institute, in its scientific work, to the level of the college lecture-room and laboratory; as if the members needed to be again taught the rudiments of a medical education. But, by far, the worst effect of excluding all volunteer papers except those relating to the "special subject" of the bureau report, is that it directly discourages original research, and independent observation.

We have digressed somewhat from our theme, but we wish to show that either the Institute's By-laws (Sections 7 and 8) or else a serious misconception of their intent and meaning, is operating strongly against the success of the sectional plan, proposed for next year's work, and is likely to prevent the full success of any other plan that human ingenuity can devise.

TWO NEW AND VALUABLE BOOKS are to be included among the good things homœopathic for the last quarter of the current year. Professor J. P. Dake's work on *Therapeutic Methods* has already made its appearance from the publishing house of Otis Clapp & Son, of Boston. It contains the substance of Professor Dake's lectures on the "Institutes of Medicine," delivered in the Hahnemann College of Philadelphia, during the session of 1876-77, but carefully revised during the past year. While its main topic is homœopathy, it

also deals with other "therapeutic methods" in a strictly logical and scientific fashion. It is destined to be a standard textbook in all our colleges, where we think it is urgently needed, and it will be widely read in the offices of homœopathic physicians.

The other work, of which we desire to make special mention, is Professor Helmuth's fifth edition of his well-known work on *Surgery*, to be issued in November from the Hahnemann Publishing house of F. E. Boericke, of Philadelphia. This work is so widely and so favorably known, that the mere mention of the forthcoming new edition will be pleasant news for our readers.

Such books and such authors are of the class that give tone and character to our homœopathic literature. The demand that brings out such books, indicates the existence of a professional sentiment of most hopeful and encouraging character.

CORRECTIONS.—In our report of the Bâle Convention (see September number, page 588), we made two serious errors in the list of representatives. The name, "F. Meyerhoffer," should be J. Meyhoffer. As the distinguished gentleman, thus misrepresented, was unanimously elected President of the Convention, it is the more important that our mistake be corrected. The other misspelled name is that of Dr. M. Mattes—not "Masses,"—of Ravensburg, Wurtemberg.

Notes and Comments.

THERE are but three free dispensaries in Paris.

LATE CHILD-BEARING.—A woman aged sixty-five, residing in St. Joseph, Mo., is said to have given birth to a fine healthy boy.

M. BOUCHARD has managed to induce cataract in rabbits by introducing naphthaline in the digestive canal.

AMBIGUOUS ADVERTISING.—"It teaches how to control inflammation with electricity to a certainty, thereby saving lives, by using it in conjunction with medicines, *that would perish or die without it.*"

"WITH a keener estimate of the higher functions of medicines, more thinking, more research, and systematic dialectical reasoning, there would be more defiance of disease, more life-giving power, and less of surgery."—*Sir Spencer Wells.*

SCENE AT SOCIETY MEETING.—*Obliging Secretary* (Giving points to Inquisitive Reporter). "The paper on sciatica was read by title."

I. R.—Title, ahem! He is one of your eminent physicians I presume. Is he professor in the college?

AN EXCLUSIVE DOGMA.—A physician in the interior of the State has announced his ability to cure all curable cases by a peculiar system of starvation. According to the daily press, he has received invitations from several "regular" societies to expound his "exclusive dogma" before these learned bodies.

FAILURE OF THE BACTERIAL TREATMENT OF CONSUMPTION.—Dr. Filipovitch has experimented with the bacterio-therapeutic method of Cantani and failed to obtain benefit in the treatment of phthisis. Three of his patients died within twenty-five days after beginning the inhalations of the pure culture of the bacterium termo.

WHAT fee should be charged a wealthy man for attendance upon his wife in confinement, more than four hours of day-time being thus consumed, and several visits made the patient during convalescence, by a practitioner of more than twenty-five years' experience, and occupying one of the most prominent position among the medical profession of Detroit? Such was the question put to us by another Detroit physician. Our guess was far too high, and yet we estimated the time at about plumber's prices. We doubt if any of our readers would nearer approximate the truth. It is no wonder that so many of the physicians of Detroit are poor.—*The American Lancet*.

"AN error may easily creep in when retroflexions are present from relaxation of the peritoneal attachments of the uterus. We are very much inclined to ascribe the complaints which in such cases are often met with, to that dislocation; this, however, is often incorrect, or not justifiable, since very often an extensive insufficiency of the whole pelvic portion of the abdominal wall, and of the peritoneal attachments of numerous viscera exists with all its consequences, *e.g.*, depression of the liver, mobility of the kidneys, hanging down of the intestine from an elongated mesentary, ampliation of the stomach, meteorism, and others. The retroflexion represents one part of a more extensive anomaly."—*Alfred Hegar*.

New Publications.

MEDICINE OF THE FUTURE. An Address Prepared for the Annual Meeting of the British Medical Association in 1886. By Austin Flint (Senior), M.D., LL.D. New York: D. Appleton & Co. 1886. pp. 37.

This address the author never delivered. Before the meeting of the Association at which it was to be presented, Dr. Flint had finished his earthly career. His son, Austin Flint, Jr., M.D., dedicates to the profession this, the last literary work of his distinguished father.

The title of the address is misleading; the work is *not* on the subject of homœopathy, and makes but a single reference to it. This one reference, moreover, furnishes strong internal evidence that while the author knew of the existence of homœopathy, he had not the slightest conception either of its nature or of its merits. In consideration of his utter ignorance of the science of medicinal therapeutics, his studious avoidance of the subject was discreet, even if not commendable. Nowhere in the address does the writer express the hope that the future physician will possess any better guiding principles in prescribing than those of his ancestors, though his

wider knowledge of facts may enable him to apply *old* principles to greater advantage. While (according to Dr. Flint's evident view) the physicians of coming generations will never abandon the occupation of "specific"-hunters, and never rise above the present halting and stumbling system of antagonizing, *not* the disease, but the pathologists' conceptions of disease; still, it will be "such a comfort" to lie in bed on a stormy night and prescribe by telephone for a case of croup, a couple of miles away. And *such* is to be the "medicine of the future." What a triumph of medical (?) science it will be!

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY. Authors and Subjects. Vol. VII. Insignares—Leghorn. Washington: Government Printing Office. 1886.

The work of cataloguing the Surgeon-General's library is being pushed forward with the energy that characterizes all of Surgeon Billings' public labors. The present volume brings the totals up to 73,574 authors' titles, 39,252 volumes, and 59,697 pamphlets; while the titles of journal articles reach an aggregate of 254,057.

THERAPEUTIC METHODS; AN OUTLINE OF PRINCIPLES OBSERVED IN THE ART OF HEALING. By Jabez P. Dake, A.M., M.D., late Professor of the Principles and Practice of Medicine in the Hahnemann Medical College of Philadelphia, and formerly Professor of *Materia Medica* and Therapeutics in the same; Ex-President of the American Institute of Homeopathy; American Editor of the *Cyclopædia of Drug Pathogenesis*, etc. Boston: Otis Clapp & Son. 1886. 12mo., cloth, pp. 195.

Medical men in general do not read much medical philosophy. There are too many astounding phenomena of life, death, and immortality to overwhelm their early years and lead them into a great struggle to accumulate scientific data in order to relieve and save suffering people. Once fairly plunged into the flood of medical literature, and trying to keep up with the advance upon every side, the practitioner arrives often at the finish of his course worn out and breathless, without ever having looked backward beyond his starting point. What little he knows of medical history and philosophy has been acquired from prefaces to his text-books, the *Organon*, and diluted retrospects and sapient allusions in his journals.

Hungering for a knowledge of the whence, the wherefore, and the whither of his art, he determines at times to satisfy himself, and, rummaging among the dusty archives of the past, he is overwhelmed with the number of books and driven back to his work by the hand of the clock. Must he ever remain looking towards the treasures which he covets and cannot reach? Must he be satisfied with his patchwork of history and principles? No, he need not. A scholarly mind has grasped the widely scattered elements and condensed them between the covers of as pretty a book as has left any medical publisher's hands this decade.

Recognizing intuitively the needs of students and practitioners, the author of *Therapeutic Methods*, whose name and fame are known throughout the world, has given us an admirable synopsis of medical history, and has united, systematized, and illuminated medical philosophy so perfectly, that, while every subject has ample space, the reader tires not o'er the fascinating diction.

The growth of medical opinion is traced from prehistoric times to the present, and the systems and theories of the giants of medicine are as clearly presented as the features of the Sphinx in the bright sunlight of Egypt. The gradual development of the belief of Hahnemann from *contraria* to *similia* is so clear and charming, that not a word could be spared, yet the whole covers less than eight pages. Think of that, you who must read in your buggy, or when you are robbing sleep.

The work is divided into three parts.

Part First begins with history, then follow admitted prerequisites, or apothegms upon anatomy, physiology, pathology, ætiology, predisposing causes, exciting causes, symptomatology, and pathogenesis, or *materia medica*.

Part Second discusses therapeutics, and has headings of the empirical, theoretical and scientific; then under physiological therapeutics is air breathed, fluids drank, clothing worn, dwelling occupied, business followed, district inhabited, chemical agents requisite, agents hurtful, mechanical and vital movements, and antiparasitics. Pathogenic therapeutics follows, with subdivisions of antipathic, allopathic, isopathic, and homœopathic, the latter extended by sphere of similia, rationale of similia, value of similia illustrated, condition of therapeutics without a general principle as viewed by allopathic writers, and clinical proofs of similia in cholera, yellow fever, and pneumonia.

Part Third continues the demands of similia, a positive drug symptomatology, drug provers and provings, drug symptoms, symptom records, digest in schematic form, nosological index, application of similia, posology, therapeutic posology, pharmacy, environment and habits, constructive homœopathy, non-medicinal homœopathy (heat, cold, electricity, and motion), adjuvants and conclusion.

A good index nearly completes two hundred pages. These headings, like the cards upon the trays in a pomological exhibition, where each one represents a good fruit, and all illustrate the wealth of our agricultural resources, represent most precious truths from the tree of knowledge. We are sure this work will answer more medical questions, and settle more arguments between physicians and schools than a cyclopædia. It goes before, after, above, below, and through the *Organon* of Hahnemann, amplifying, illustrating, and explaining many things, and placing all the principles of medicine in logical succession and brilliant juxtaposition. It inculcates clear thinking; to do nothing without a firm grip of principles; to have a reason for action, and to act promptly, decidedly, scientifically and magisterially. Knowledge is power, and here is knowledge gathered from count-

less books, broad culture, a lifetime of medical practice, and much experience as a teacher. We shall be culpable if we do not make it our own.

"Through straits the great and grand we reach—
Through study touch the stars."

W. H. WINSLOW.

THE MEDICAL NEWS VISITING LIST FOR 1887. Philadelphia: Lea Brothers & Co.

Of this Visiting List we spoke in commendation on its first appearance one year ago. The *List* for 1887 has been further improved by the addition of an erasable pencil tablet at the end of the book and by a revision of the therapeutic table. The thumb-letter index is an especially valuable feature of the book.

A TREATISE ON ELECTROLYSIS AND ITS APPLICATIONS TO THERAPEUTICAL AND SURGICAL TREATMENT IN DISEASE. By Robert Amory, A.M., M.D. Being Vol. VIII of Wood's Library of Standard Medical Authors for 1886.

The author of this book begins the treatment of his subject with a statement of the principles of physics as applied to electrolysis. Among other matters he devotes one chapter to a consideration of the various forms of galvanic cells, useful in the operations of electrolysis. As great a space as is occupied by the elementary matter presented, we do not believe it to be space wasted, as it is only by a proper understanding of the fundamental principles of an art, one can thoroughly master all its details. Among the pathological conditions in which electrolysis is looked upon as a remedy, the author treats of exophthalmic goitre, superfluous hair, extra-uterine pregnancy, urethral stricture, and aneurism.

PARALYSIS, CEREBRAL, BULBAR, AND SPINAL. A Manual of Diagnosis for Students and Practitioners. By H. Charlton Bastian, M.A., M.D., F.R.S. New York: D. Appleton & Co. 1886.

First Notice.

This manual, and quite a valuable book it is, by the way, is intended as an aid to the student or practitioner in the diagnosis of paralyses arising from disease of the brain, medulla, and spinal cord. Peripheral paralyses are considered only so far as they result from disease of the cranial nerves. The consideration of therapeutical questions is entirely dispensed with. The pathologies of the various palsies are mentioned only so far as they aid to elucidate such points as relate to diagnosis.

PUBLICATIONS RECEIVED.

From P. Blakiston, Son & Co.

COMPEND OF PHARMACY. By F. E. Stewart, M.D.

Gleanings.

A CONTRIBUTION TO THE COMPARATIVE STUDY OF CONVULSIONS.—An elaborate article by Hughlings-Jackson, which appeared in *Brain*, for April, 1886, is analyzed as follows in the *Manchester Medical Chronicle* for June, 1886. On a review of the manifold phenomena included in the familiar terms "fits" and "convulsions," the author comes to the conclusion that they may be divided into three great classes, according to the regions of the central nervous system from which they take origin. These regions he regards as forming three groups of centres classified, in order of evolution, as lowest, middle, and highest sensori-motor centres. The lowest centres are those lying in the spinal cord, medulla, and pons, with some others, reaching as high as the centre for ocular movements; the middle "level of evolution" includes Hitzig and Ferrier's motor centres, Schäfer and Horsley's trunk centres, and Ferrier's sensory region, while the highest level consists of parts of the brain in front of the middle motor centres, with the highest motor centres, and the highest sensory centres lying in the occipital lobes. All parts of the body are represented by each order of centres, in simplest, more complex, and most complex combinations respectively. To the highest level of all are referred epileptic convulsions (true epilepsy), to the middle level epileptiform seizure, and to the parts lying at the lowest level "inward fits" or respiratory convulsions.

After laying down these general principles, the author concentrates his attention throughout the rest of the paper, on the convulsions (respiratory convulsions) of very young children. These fits occur, as he points out, almost exclusively within the first year of life, a highly momentous period of the brain's existence. The two higher levels are as yet unevolved, while the centres of the lowest level are rapidly developing, those for the organic functions naturally taking precedence of the others in point of time. Thus, at one epoch of life, the respiratory centre, for example, will be "at once undeveloped and actively developing," and, therefore, highly excitable and unstable. At the same time, the higher regulative mechanisms, which will afterward repress exuberant discharge, are still practically non-existent. Here then we have a condition favorable to the easy provocation of excessive respiratory efforts. Again, as the author shows, a motor centre suddenly goaded into excessive and rapid discharge will tend to sum up the several movements under its sway, to produce them no longer in their natural attenuation but coëtaneously, so that opposing groups of muscles will finally pass from harmonious working into violent contention—into that condition which we recognize as a convulsion. Moreover, the convulsions, at first confined to the muscles employed in normal respiration, will gradually spread to the auxiliary muscles, and thence by secondary excitation of neighboring motor centres to most of the muscles of the body. The fact that rickety infants are above all liable to these fits, appears to Hughlings-Jackson to point to their true pathology. The softness of the ribs in rickets deprives the diaphragm of its normal support, and seriously embarrasses respiration. The respiratory centre is thus perpetually bathed in blood so highly venous that it requires only a slight additional stimulus to throw it into furious action. A coughing fit, for example, will by checking the already imperfect respiration, decide the onset of a convulsion. This theory is supported, in his opinion, by the fact that similar convulsions occur in rapidly asphyxiated animals, and in children the subjects of laryngitis or cyanosed from congenital heart disease. Further countenance is given to it by the success of the treatment usually adopted for cases of laryngismus. Cold sponging, removal to a purer or even to a colder air, and such drugs as musk, belladonna, etc., are all stimulants of the respiratory centre, and find their chief value in reducing the persistent venosity of the blood. The paper concludes

with some remarks on "eccentric irritations" which the author believes to be powerless of themselves to start convulsions; they are important only as determining an explosion for which the centre has been prepared by a more potent agency.—*Medical News*, August 7th, 1886.

VENOUS BLOOD TUMORS OF THE CRANIUM.—The following propositions are submitted as the result of the study of this class of cranial venous tumors by Dr. William M. Masten of Mobile, Alabama: 1. Cranial venous blood tumors communicating with the dural circulation are to be classified in three divisions, namely, the congenital, spontaneous, and traumatic. 2. These classes are divided, upon both anatomical and pathological grounds, into two species or varieties: *a*. The diffused, produced by a perforation of the cranial plates and the wall of the subjacent sinus, resulting in a limited extravasation of blood beneath the scalp, and thus forming a blood-cyst in direct or immediate communication with the affected sinus; and *b*, the venous or vascular, in which the tumor is directly formed at the expense of the venous coats, and includes in its scope the sinuses, the venal emissoria, and the diploic vessels. 3. The venous type is the commonest in point of occurrence, and of this type varicose involvement of the emissory vein is the most frequent form; whilst the diffused is the rarest of all the varieties. 4. The diffused variety is especially characteristic of the spontaneous and traumatic groups; the venous or vascular type occurs most frequently in the congenital class, but at the same time is often met with in the spontaneous division. 5. The medium of communication with the intra-cranial circulation is, in the very large majority of instances, represented by the superior longitudinal sinus, particularly its central and posterior portions. The emissoria Santorini most often implicated are, probably, the superior or posterior parietal emissories, which pair, also, are the most constant and most uniform in their existence. When the *diploë* is involved the frontal region is the usual seat—no instance of a similar occipital formation having been observed. 6. In a causal relation, some morbid action in the venous walls is notably prominent in the congenital class; in the spontaneous group atrophic or rarefying osteitis ranks first as a cause and venous disease secondly; and in the traumatic division direct injury which nearly always means fracture is the only etiological factor. 7. Palliative measures for retarding or arresting the progress of the growth, and certain forms of compression intended to act as a curative agent, are useless applications; the latter, in addition, being capable of producing alarming head symptoms, and hence may be harmful. 8. General surgical interference is not called for, because the history, nature, and progress of the lesion is opposed to indiscriminate operation, being of that character to render such treatment unnecessary. When, however, operation is deemed expedient or is demanded, the following methods seem to be open for adoption: *First*. If the growth be either of the diffused type or that form consisting of a varix-sinus, exposure and ligation of the pedicle (if such exist), or if necessary, deligation of the sinus in its course, the trephine being boldly employed to furnish requisite space for the necessary attending manipulation. The lateral ligature and suture, when applicable, are preferred to complete ligation. *Second*. If the tumor be composed of varicose emissory vessels, or perhaps, of diploic dilatations, either electro-puncture or strangulation of the base are justifiable procedures, but preference is given to electro-puncture.—*Journ. of the Amer. Med. Assoc'n*, Sept. 18th, 1886.

DETROIT HOMŒOPATHIC HOSPITAL.—W. Gordon Lloyd, the architect, is hard at work on the plans for the new homœopathic hospital in Detroit, made possible by the munificent gifts of \$100,000 each from James McMillan and John S. Newberry. These plans are being prepared after a tour of inspection by Mr. Lloyd and Dr. C. A. Walsh, which included visits to

all the important hospitals, asylums, and sanitary institutions in the country, and it is hoped that by combining the many good features found here and there, an institution second to none in the country may be obtained.

The hospital building is to be located on the southeast corner of John R. street and Willis avenue, and it is to be four stories high, the first story being of rough cut stone, and the remaining stories of pressed brick with cut stone trimmings. It will be in the general form of an L, with arms fronting on and extending along either street, but the main front or central design, as it were, will be on angle fronting squarely to the corner. While the front elevations will be ornate in design, it is the purpose to devote especial attention and the best efforts towards obtaining convenience, perfect light and ventilation, an abundance of sunlight for all wards and rooms, and the highest forms of sanitary appliances. The building will be set back from the streets sufficiently to present a spacious lawn, which is to be ornamented with trees and foliage plants. The main entrance, at the corner, will be for the use of attendants, physicians, convalescent patients, and visitors. A second entrance will be near the east end of the Willis avenue front, where all persons injured or ill will be received, and from where all deceased patients will be removed. A third entrance at the south end of the John R. street front will be used for the reception of materials used in the institution. There will be no balconies about the premises, as they are considered bad about hospitals in that they shade the rooms, and serve as places for the accumulation of dampness and other undesirable deposits. A feature of the establishment will be a garbage burner located in the basement, where all refuse from the culinary department, and all cast off bandaging and other medical dressings, will be burned. Nothing but straw-beds will be used, and by means of a disinfecting-room each patient as he arrives will be provided with an absolutely new straw-bed. The minute a patient is removed the straw in his bed will be burned in the garbage-burner, the tick will be disinfected and put away ready to be filled with new straw when needed. All modern improvements in the line of steam-heating, lighting by gas and electricity, water distribution (hot and cold), bath-rooms, elevators, etc., will be provided. In brief, it is to be as complete an hospital as can be built for the \$200,000 donated, and that means much.

SYPHILIS OF THE INFERIOR MAXILLA.—The inferior maxilla is not, as certain authorities have contended, secure from the attacks of syphilis. Specific disease of the inferior maxilla may present itself under diverse forms, giving rise to difficulties of diagnosis and to therapeutic indications which vary in different cases. Specific lesions of the inferior maxilla may result from either hereditary or acquired syphilis, and present themselves under three different forms. 1st. Under the form of periostitis or gum-mous osteo-periostitis; 2d, under the form of exostoses or hyperostoses; 3d and finally, under the form of progressive rarefactions and disappearance of the dental alveolar arches. Gum-mous periostitis may be accompanied with ulcerations of the same nature, either of the skin or mucous membranes; it may be partial or diffuse; it may develop at a relatively early period of syphilis; its terminations are variable, depending upon whether the patient receives specific treatment or not. Where specific treatment is instituted in time, complete resolution may take place without leaving a trace, or there may remain exostoses or hyperostoses, resulting in a more or less marked deformity of the maxilla. If the affection is abandoned to itself, the most frequent termination is necrosis, more or less extensive, of the inferior maxilla, and, in this latter case, may require a surgical operation involving a partial or total resection of the lower jaw. Sometimes there results spontaneous fracture of the maxilla. The diagnosis of gum-mous periostitis of the maxilla, especially if accompanied with ulceration, may be extremely difficult; it should be differentiated from simple alveolo-dental periostitis, from phosphorus necrosis, from osteo-sarcoma, and also

from tuberculosis when the ulceration occurs on the mucous surfaces. Exostoses and hyperostoses of the inferior maxilla may occur as a result of gummosis periostitis. They occasion no inconvenience aside from their presence and the deformity of the bone upon which they are situated. They may compress the inferior dental nerve. Antisyphilitic treatment dissipates them in a certain proportion of cases. The progressive resorption of the alveolo-dental arches is characterized by the loss of the teeth and the total disappearance of the dental arches. This spontaneous loss of non-carious teeth is sometimes accompanied by severe hæmorrhage. The duration of the affection is quite protracted.—*Journ. of Cutan. and Vener. Dis.*, September, 1886.

TROPHONEUROSIS OF THE SKIN CAUSED BY LESION OF THE MEDIAN NERVE.—At the recent meeting of the American Dermatological Association, Dr. G. H. Tilden, of Boston, reported the case of a carpenter, fifty-five years of age, who was wounded in the wrist by a circular saw, four months before coming under observation. The wound was parallel with the axis of the limb. Three or four days after the infliction of the injury there was loss of the tactile sense, and a feeling of numbness in the last two phalanges of the fore and middle fingers. This had continued and steadily increased. Three weeks after the accident a bulla appeared upon the terminal phalanx of the middle finger. Similar lesions have developed from time to time upon the last two phalanges of the fore and middle fingers. The bullæ appear every two or three weeks, and are unaccompanied by any subjective sensation. The skin over the affected phalanges is of a white color, and of a glossy texture. The growth of the nails is unaffected. There is entire loss of sensation in the skin covering the affected phalanges. The right hand is capable of exerting only one-half the power of the left. The first and second interossei muscles exhibit the reaction of degeneration. Six weeks' treatment with the faradic current caused decided improvement in all the symptoms. The patient then stopped treatment and returned to work. Three weeks later all the former symptoms suddenly returned. The patient then disappeared from observation.—*Journ. of the Amer. Med. Assoc'n*, September 11th, 1886.

ELECTRICITY IN THE TREATMENT OF DISEASES OF THE URINARY ORGANS.—At the recent meeting of the British Medical Association, Mr. Bruce Clarke read a paper with the above title. He thought Stohrer's battery the best for the purpose. The use of a galvanometer was necessary, for the employment of a given number of cells was no guarantee of the strength of the current, as the latter lessened during the operation. The exact strength of current and the length of time during which it should be passed were matters for consideration in each individual case. Electricity was often of use in cases of incontinence and stricture, where the former was of long standing, and where the passage of a catheter showed a tender spot to be present in the urethra. In such cases, the passage of a metal electrode down the urethra, and the passage of an electric current through it for a few moments, on reaching the tender spot, often gave relief. The positive pole was applied to the sacrum and the negative one in the urethra. The author described a case in which the patient had had six attacks of gonorrhœa, and was suffering from gonorrhœal rheumatism. A bougie electrode was introduced into the urethra while the current was passed for six minutes. There was no pain at the time of the operation, and but slight pain in the testicles next day. The pain in the knee-joints went away, and the patient was soon able to walk. In the treatment of incontinence, from two and a half to five milliamperes was a sufficient strength of current. The negative pole was placed either on the perineum or in the bladder or over the pubes. Mr. Clarke also alluded to electricity as an agent of use in treating cystitis.—*Medical Record*, September 11th, 1886.

News, Etc.

DR. R. M. BUDDEKE, of Memphis, Tenn., died at Nashville, September 19th, of malarial fever.

THE HOMŒOPATHIC HOSPITAL OF MELBOURNE, AUSTRALIA.—The Annual Report of this institution, just received, shows the number of patients treated during the year ending June 30th, 1886, to be 276, with a mortality of 5.56 per cent. More than half the deaths were due to phthisis.

THE CHELSEA (MASS.) HOSPITAL AID ASSOCIATION has commenced the publication of a monthly journal, entitled *The Pellet*. It is about the freshest, brightest, most readable little periodical of its kind that we have ever seen. The editors are Mrs. C. A. Richardson and Mrs. Henry Sawyer. The Association was organized for the purpose of providing homœopathic hospital care and treatment for the sick poor of that city. The work is carried on in connection with the Homœopathic General Hospital of Boston.

RESIDENT PHYSICIANS WANTED.—The following letter is self-explanatory.—ED. H. M.

"BUSHROD W. JAMES, M.D.—Dear Doctor: Applications for the position of male or female physician in the Westboro Insane Hospital, at Westboro, Mass., may be made on or before the 15th day of November, 1886. Those homœopathic practitioners who desire one or two years of experience in the speciality of insanity can apply in person or by letter, before the above-mentioned date, to N. Emmons Paine, Superintendent, at Westboro.

DR. LODGE AND THE AMERICAN OBSERVER.—Dr. E. A. Lodge, Sr., will (D.V.) return to Thomasville, in Southern Georgia, about the first of November, expecting to practice there until May next. Our physicians who send patients to that point may safely commend them to Dr. Lodge's care. The publication of the *American Observer*, which Dr. Lodge published for twenty-one years, will be renewed at Detroit, Mich., under new auspices, with the new year.

HOMŒOPATHIC INSANE ASYLUM AT WESTBORO, MASS.—After several years of persistent agitation on the part of earnest homœopaths, in and out of the Massachusetts Legislature, to establish a hospital where insane patients could be treated under the methods of the "new school" of medicine, successful culmination was had in an act approved June 3d, 1884, wherein it was provided that a building then occupied and known as the State Reform School in Westboro, should be remodelled, and other buildings added thereto, and be devoted to the purposes of such a hospital, the occupants of the reform school to move into the new structure then completed, about one mile distant from the old site. On September 9th, 1884, a full board of trustees was appointed and confirmed, the personnel of which was as follows: Charles R. Codman, Henry S. Russell, Lucius G. Pratt, Francis A. Dawson, Archibald H. Grimke, Phœbe J. Leonard, and Emily Talbot. Dr. N. Emmons Paine, formerly of Albany, N. Y., who had been for nearly four years assistant physician at the first homœopathic hospital in the United States, located at Middletown, New York State, was in due time appointed superintendent of the Westboro hospital, and under this able board of trustees and most efficient executive officer, work has steadily progressed, so that occupancy of the hospital will be had about the last of October. The legislative committee of the State Board of Charities recently examined the work, and not only approved the result of the labors of the trustees, but expressed themselves in hearty terms of highest commendation.

The original act of the General Court provided "for the residence of 325

patients, physicians, other officers and attendants, who shall care for such patients." It was found necessary to make very great changes in the old reform school building (the occupants of the institution having been in the meantime moved to their new building, a fine structure in Southboro), as well as to erect several new buildings and corridors to connect the same with the main edifice.

Under the act as quoted \$150,000 was authorized to be expended by the trustees, and in May the last legislature made an additional appropriation of \$180,000, of which sum \$63,000 was for the completion of the buildings to accommodate 325 patients, \$38,000 for additions for caring for 80 additional patients, new chapel, etc.; for furnishing and equipping the hospital \$53,000, and to meet current expenses the sum of \$25,000. The gross expenditures have, therefore, reached the sum of \$330,000, for which the State realizes a hospital with ample facilities.

The State institutions at Taunton, Bridgewater, and elsewhere are overcrowded, thus creating pressing need for a new structure, where insane patients could be cared for. The new Westboro hospital will receive its first 100 patients from those at Taunton and Bridgewater who prefer (or whose friends prefer for them) homœopathic treatment.

The site of the new asylum could not have been more happily chosen. The rooms are well arranged. Facilities for the amusement of the patients are abundant. The patients will all use the same dining-room. This is a new departure in asylum management.

In all the existing hospitals in Massachusetts the system known as the "segregated" dining-room plan is in vogue. The peculiarity of this system is that the various wards of the institution are entirely separated. The inmates rarely see any of their fellow-patients, excepting those living in the same ward. Each of the latter has connected therewith its own dining-room, in which the inmates, when in condition to do so, meet at meal-times. The new system to be applied here, viz., the "congregate" plan, is found in but few hospitals in the United States, some are found abroad, notably in England and Scotland. In these hospitals there is one large dining-room for all the patients who are in a state of health that allows them to take their meals in general society. This ordinarily covers about three-quarters of the whole number. The remaining patients eat in their own apartments.

It is intended to heat the buildings by hot air led to the rooms by ventilators, two in each room, the inlet of superheated air being up from the floor 8 to 10 feet, and the air draught near the floor; by this means, it is claimed, the temperature can be kept more steady and much purer in quality. The air is sucked into an apartment adjoining the engine-room, from the outside, by means of a rapidly revolving fan, thence is drawn over a network of hot steam pipes. This brings the temperature up to about sixty degrees; thence it is conducted through a large galvanized iron conduit to another room, by means of a fan, when it is again brought in contact with more hot pipes, bringing the heated air up to 100°; the pressure from the fan being sufficient to drive the hot air into the remotest corner of every building.

The bathrooms are plenty, and are so constructed, the tubs being very deep, that patients in the tub cannot reach the faucets to manipulate them. Water-closets have no doors, a clear view being always had within.

Every stairway is built of brick and iron, surrounded by walls of masonry, insuring perfectly safe passage and exit. The numerous fire escapes are not constructed on the outside of the buildings, as is the common practice, but inclosed by brick walls in passage-ways leading off the several floors, the steps and railings being of iron. At the head of each fire-escape is a large nozzle, to which a hose can be quickly attached and supply water under high-pressure, when needed for fire purposes. Plugs of this kind are scattered throughout the entire hospital. In many of the rooms large fireplaces have been built, so that the cheerful, blazing logs can be seen and enjoyed

during the long winter evenings by the demented folks in durance for their mental and physical good. The ward infirmaries must not be forgotten, they being designed as a resting place where the socially inclined, living in adjoining rooms, can meet and pass hours pleasantly. In the old men's ward a kitchen is supplied, where light lunches can also be had by the inmates of such kind and quality as to tempt their enfeebled appetites. A female physician will be in constant attendance at the asylum to care for women requiring special treatment.

OPENING OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—ADDRESS BY PROFESSOR DOWLING.—The twenty-seventh annual session of the New York Homœopathic Medical College commenced Tuesday evening, October 5th, with the opening exercises held in the college building. The speaker of the evening, Professor J. W. Dowling, M.D., delivered the introductory address. The amphitheatre was filled with a large audience, composed of students of the college, numbering about two hundred, together with their friends, members of the faculty, and the profession generally.

Professor Dowling's subject was "Why we do not live out our threescore years and ten."

After a few brief remarks, tending to show the wonderful wisdom and goodness displayed by the Almighty in the formation of our bodies, in which the Professor dwelt upon the beauties and wonders of nature, which are conveyed to our minds through the workings of our several senses, he proceeded to give a brief description of the anatomy of the human frame—all tending to convince us of the power and wisdom displayed by an All-wise Creator, and to show how justly St. Paul could speak of man as the temple of God, made after His own image, and pronounced by Him perfect.

The Professor then went on to show why the average life of man is but little more than half what it should be, attributing this largely to the indiscretions of life, commencing with those displayed by parents in the care of their children, which he described in an amusing strain, then following on to those of early life, middle age, and advancing years.

Professor Dowling closed his lecture with these words: St. Paul says, "If any man defile the temple of God, him shall God destroy; for the temple of God is holy, which temple ye are."

This holy temple is defiled every day, and that is why man does not live out his threescore years and ten. Study Nature's laws and follow them. God has provided everything in a state of nature, necessary for our sustenance. He has given us pure water to satisfy our thirst. He has given us grain, fruit, and meat to nourish us. He has given us pure healthful atmosphere to breathe, and has made every provision by which we may protect ourselves from the inclemency of the weather. It is not necessary for us to call in the aid of chemistry to supply us with food and drink. A healthy stomach will enjoy the plain food of the laboring man. A healthful body will enjoy the sleep of the laboring man, which the Bible says is sweet. An observance of Nature's laws—God's laws—will ensure happiness, health, prosperity, and a long and useful life. Follow them and you will be able to say with the poet,

"I have ease, and I have health,
And I have spirits light as air,
And more than wisdom,
More than wealth,
A merry heart that laughs at care."

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.—CIRCULAR ISSUED BY THE COMMITTEE ON HIGH POTENCIES.—At the last annual meeting of the Society it was stated substantially that inasmuch as the cura-

tive efficacy of potencies above the twelfth cannot be determined by the continued presentation of isolated cases, it would be advisable for the Society to enter upon the work of testing attenuated remedies.

It was proposed that a few well-known drugs be selected, like *Apis* or *Rhus tox.*, whose pathogenesis is clearly defined, and whose curative action is distinctly recognizable, and then invite the profession throughout the State to report the results of their experience in the use of these remedies at or above the thirtieth attenuation.

The report of each case should furnish the more important symptoms; the condition of the patient; the duration and stage of the disease treated; and particularly the length of time elapsing between the first administration of the remedy and final restoration: *the main point being to ascertain whether and to what extent attenuated remedies have an influence in shortening the duration of self-limited diseases.*

The proposed plan involved the collection of records of cases treated in particular localities under conditions as nearly alike as possible. During the progress of epidemic diseases many cases occur in which the surroundings and external conditions are sufficiently similar to secure reasonable accuracy.

The committee was instructed to invite the profession to institute these clinical tests, the assumption being that the aggregated results of carefully conducted experiments, entered upon by many observers, will be less liable to error, than the occasional and isolated experiences of individuals. The committee, therefore, respectfully solicit the coöperation of the profession in furnishing reports of cases treated by homœopathic remedies at or above the thirtieth attenuation.

The well-known applicability of *Rhus tox.* in the treatment of some rheumatic conditions, and of *Apis* in the treatment of some forms of skin diseases, suggested these remedies as suitable ones for trial. The proposed tests need not however, by any means, be limited to these. Let the series of experiments have a wide enough range to embrace all acute, self-limited diseases. Let every facility be given for the accumulation of data bearing on the question of the power of high attenuations to shorten the progress of self-limited diseases.

Groups of cases, occurring during the progress of epidemics, are of special value, as affording a better basis for analysis and comparison; reports of single cases, however, need not be withheld; neither should the records of failures be omitted. The whole number treated should be reported.

In order that our report may be made definite, concise, and reliable, we request that the records of cases be made out in answer to the following queries, viz.:

(a.) Leading symptoms and general condition of the patient on prescribing.

(b.) The attenuation and intervals between the doses.

(c.) The period of time from the first administration of the remedy to the time when marked relief was noted.

(d.) The duration of the period of convalescence to entire recovery.

Each case should be numbered, and in order to avoid errors, the answers relating to a given case should bear the same number.

Reports of cases may be forwarded to either member of the committee.

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Original Department.

UTERINE DISPLACEMENTS.

BY A. A. ROTH, M.D., FREDERICK, MD.

(Read before the Maryland Institute of Homoeopathy.)

As the motive for my selection of a subject already thoroughly discussed by numerous writers, I will cite, by way of preamble, four typical cases, each of which is thoroughly distinctive in itself, and yet all of which had been treated for some other disease by able physicians.

Miss N., aged twenty-eight, a large, well-proportioned brunette, had always enjoyed perfect health until six months ago, when she had a slight fall, spraining her left ankle; but causing no other apparent trouble. Whilst nursing her ankle, she was taken with inflammatory rheumatism, and suffered terribly for two months, gradually recovering under allopathic treatment. Her menses failed to appear at the proper time, but in their place came a violent headache, followed by convulsions, of which she had at least a dozen during the first twenty-four hours; her physician finally succeeded in controlling them, and in restoring the menses in a measure; but every afternoon about five o'clock she would have a violent spasm, followed by a deep sleep. As a matter of course, all this broke down her constitution, until at the end of four months she presents a semi-demented appearance; convulsions every evening; menses scanty; constant nausea, but no pains anywhere. Her physician had diagnosed convulsions from menstrual irregularity, but failed to do her any good. My diagnosis was uterine displacement, and told her so. She protested strongly against this opinion, and refused an examination, begging me to prescribe alone.

The most carefully selected remedies failed to relieve, and at the end of two weeks, I refused to treat her further, unless allowed to do so in my own way. To this she finally consented. On examination, I found a case of complete retroversion; and, finally, succeeded in reducing it, using an Albert Smith pessary for safety, as she lived twenty miles away. Need I add that the convulsions promptly disappeared, and that my patient made a brilliant recovery?

Miss J., aged thirty-three, tall and slender. Complexion, mahogany color; body covered with dark patches, has a decidedly variegated appearance. Had chills for a long time, shortly after which the discoloration began. Her trouble was diagnosed as liver disease, and treated accordingly by a number of physicians, without the least benefit. My diagnosis was retroversion. On examination this was found to be the case, and corrected; she was put on *Caulophyllum*, and in a month's time the skin was clear.

Miss S., aged twenty-four, a decided blonde, had for years been treated for spinal disease. Had frequent attacks of neuralgia, lasting for days, beginning in left ovarian region; and gradually spreading over entire body. Sudden, sharp pains in chest causing her to scream out. This patient's nervous system was completely wrecked, from the combined effects of pain and morphine. She was sleepless, stomach intolerant of all food; patient hysterical, dropsical, and to all intents and purposes a complete wreck. This case had been treated for spinal irritation by some of the best physicians in Virginia, and not one had ever suggested uterine trouble as the possible cause of all the mischief. On examination I found a case of retroversion as I suspected.

The uterus was very much enlarged, exquisitely sensitive, and so tightly wedged that it required a great deal of strength and patience before I succeeded in effecting its reduction. The result, however, was magical, and whilst my patient has not as yet recovered entirely, still she looks like a person who had gone through some process of regeneration.

Mrs. W., aged forty-four, a thin, wiry-looking woman, on recovering from a slight paralytic attack, was left with extremely obstinate constipation. Nothing would move her bowels; not even enemas, and she frequently went from two to three weeks without a movement.

Her physician diagnosed paralysis of the rectum, and subjected her to a vigorous treatment without avail. I must confess it was a puzzling case, and it was only by a lucky question

I found that the effort to have an action was accompanied by a sensation as though something was being pushed ahead. I now diagnosed some form of uterine displacement and requested an examination; this was finally granted, when I found the uterus prolapsed and enormously enlarged, filling up the entire cavity of the lower pelvis. After a great deal of hard work, the uterus was reduced, the patient received Conium, and finally recovered.

These cases show how apt physicians are to overlook the main cause of mischief in many cases, and exemplify the fact, that in all ladies who are suffering from a disease the cause of which is not apparent, we should direct our attention at once to the sexual organs, and remove all doubt on that score by a careful examination.

Now, in making our examination, we must bear in mind that the normal uterus is always slightly anteverted, and in women who have large, pendulous abdomens, this sometimes becomes so decided that the os points directly at the sacrum. This apparent abnormality, whilst not affecting the health at all, becomes an important point to consider in making a diagnosis. For years back it has been a fixed rule with me never to examine a case without first seeing that the bladder and bowels are thoroughly emptied. It is astonishing how deceptive appearances may be, and how simulative of decided displacement, when an emptied bladder or rectum clears up the whole case, and prevents a mistaken diagnosis. Insist, then, that your patient relieve herself, and if badly constipated give a full dose of cascara, and bid her return the next day.

Contrary to the rule laid down in all text books on diseases of women, my first examination is always made with a clean, dry finger; and why? you may ask. Simply because if there is an unnaturally dry condition of the parts I want to know it, I also want to know if there is an unusual amount of heat in the os or vagina; whether there is a granular condition of the walls of the vagina, or any spasmodic contraction. Now, all these things I defy any man to discover with a well oiled finger. True, it is much easier for both physician and patient to use plenty of oil, but what becomes of your delicate sensitive cuticle coated with a thick mass of grease?

Do not make your patient lie too horizontally, let her head and shoulders be raised to an angle at least one-third from the horizontal, thus relaxing the abdominal walls, and when the limbs are slightly flexed, putting all the parts in an easy natural position. Having now made your examination, and found

a case of displacement, the next question will be how to replace it. Of all the repositors that have ever been made, Providence has given us the best in the form of a long slender finger. In all my experience of considerably over one thousand cases, I have never met a case that I could not replace much easier and better with my index finger than with any repositor I ever tried. Uterine sounds and repositors are positive instruments of torture to most ladies, and I have replaced hundreds of displaced wombs, where good physicians had utterly failed with their instruments.

To one who has had a large experience in uterine diseases, the study of each case becomes a necessity; one naturally becomes self-confident and apt to promise a cure where, from the nature of the case, a cure is an absolute impossibility. In my earlier practice, I was often taken to task for failure, where I had promised success. Now, with my larger experience, I can form a better opinion, and find that certain forms of displacements, and certain physical conditions, are not susceptible of a perfect cure.

Among the cases I regard as curable, are all such as arise from direct accidents, as falls, etc., cases arising from abortions, miscarriage and confinement; also all in which the general health is in a fair condition, the muscular system firm, and the patient cheerful.

Troublesome and unsatisfactory cases are those arising from chronic metritis, uterine tumors, and progressive muscular atrophy. Incurable cases are complete procidentia in elderly women, cancerous and other malignant diseases, and large tumors in the uterine walls, also, long-standing lateral flexion or version.

Among the hardest cases to cure are women with a large accumulation of adipose tissue; here there seems to be no room for the womb after it is replaced.

By a cure, I mean one in which the patient's uterus remains *in situ*, without the use of a pessary or any extraneous support whatever; anything less than this being at best only palliative. Retroversion, and next to that prolapsus, are the most frequent; anteversion being less than one-twelfth of the whole number, whilst the most difficult of all to treat are lateral flexion and version.

In all cases except anteversion, my favorite position is the chest and knee, with the hips well elevated at first, and afterwards moderately so. With my index finger, now thoroughly

oiled, I press gently but firmly against the body of the uterus, near the fundus, until well started, when by an even pressure directly over the centre, it glides past the promontory of the sacrum. Now, with the left hand spread open, I press the bowels upward, and then by an even pressure on the posterior cul-de-sac, the uterus glides into position. Not all cases are so easily manipulated, as many require special efforts.

Now, that the uterus is in position, comes the question, will it stay? Not more than one-third will stay unaided at first. The use of a pessary becomes an absolute necessity until the parts accommodate themselves, and regain their normal tone. Keeping in bed with the body thrown forward, for a week or so, will often accomplish wonders; but very few ladies can or will do that, so the use of an Albert Smith pessary or spiral ring becomes necessary. The simplest form of pessary that will do the work, is the best.

All complicated arrangements should be avoided, and I must here take the opportunity of especially condemning the use of stem pessaries. I have used several varieties, and they invariably aggravated the case, besides being clumsy and uncleanly.

The pessary selected should be allowed to remain from three to five months, and a second examination made after the lapse of a week, in order to be sure everything is in correct position. It should then be removed by a physician, as the patient is sure to drag the womb along in her efforts to effect its removal. A careful selection of a remedy should be made and administered for the purpose of restoring tone to the weakened parts, and to improve the general health. Among those generally applicable I mention especially *Aletris far.*, *Lil. tig.*, *Helonias* and *Sepia* according to their indications.

Should the presence of the pessary cause or increase an already existing leucorrhœa, I would advise the daily use of a 4 per cent. solution of zinc sulphate, as an injection, ceasing its use as soon as the desired result is secured. It will often be found that an examination in the reclining position is unsatisfactory; in that case an examination in the erect position will clear up the whole case, and enable the physician to form a correct opinion. With the exercise of patience and perseverance, any physician will be enabled to cure many cases that have gone the rounds or given up in despair.

If I have succeeded in impressing on any one the necessity of a very careful examination in all intricate cases, my object in this paper will have been accomplished.

FERRUM METALLICUM AND ACETIC ACID—A STUDY.

BY EDWARD CRANCH, M.D., ERIE, PA.

ALTHOUGH Acetic acid has not been so thoroughly studied and tried in practice as Ferrum, it deserves consideration beside it, and is of use often where the latter seems at first sight needed. In both drugs are found similar states of irritability, anxiety, and nervous exaltation, also similar states of dull and slow thought, with lack of ability to express oneself, from a confusion and disinclination to exert the mind following the states of exaltation. With *Ferrum*, indignation and pettishness are more marked.

In both drugs, come vertigo, vascular excitement, sense of intoxication, followed by dulness felt in forehead, with occasional shooting pains extending to temples, with fulness of veins and heat.

With *Ferrum*, vertigo is worse on descending, and a hammering and beating is felt in the head in all parts, in addition to the other sensations already mentioned. In the appearance and symptoms of the face these drugs show their resemblance very prominently, for in the pallor, even waxen hue, with occasional bright red flushes and paleness of the lips and tongue, with the general appearance of anæmia, they both show their effects, being also approached in these features by *Sulphur*.

They find their difference in the more *sunken* state of features under Acetic acid, and the evidently fuller condition of the *bloodvessels*, although with poor blood therein, under Ferrum. This is seen in the morning nosebleed on stooping, under Ferrum; and the dark circles under the eyes in Acetic acid.

Both have lachrymation and dilated pupils; more dilated with Acetic acid, less so with Ferrum. Both drugs first increase, then decrease, and even abolish the appetite; both cause distressing burning and flatulence, and frequent diarrhœa, worse after food or water; both increase the urinary secretion and its urging till even more fluid is excreted than is ingested; both have hoarseness, dyspnœa, and cough, even a condition resembling phthisis, with purulent expectoration, hemorrhages from bronchi, slow hectic fever, sweating, and swelling of limbs, desquamation of skin, and general pallor.

In the sexual sphere, Ferrum increases the appetite at first; but Acetic acid is said to abolish it.

In the alimentary tract, the lesions caused by Acetic acid are

more severe, producing horrible burning, more violent vomiting, bloody stools, with sometimes convulsions, not noted under Ferrum. Acetic acid is sometimes useful in gastric ulcers. Under Acetic acid, the conditions approach those of typhus at times, while Ferrum covers more the slowness of moderate hectic, or the sudden flush at the onset of rapid hectic.

Both drugs have dyspnœa, difficult, oppressed, and hurried breathing, with the direct difference that the Ferrum dyspnœa is often relieved by walking and talking; the Acetic acid dyspnœa is always aggravated by walking and talking; the Ferrum patient desires heat, and is benefited by it, when in conditions otherwise similar, the Acetic acid patient refuses all increase of temperature, whether external or internal.

Finally, Ferrum has frequently the sense of constriction, of astringency, felt in all the mucous membranes, throat, lungs, stomach, bowels, bladder; when Acetic acid has rather a burning, and if constricted at all, it is by convulsive muscular action as a result of other lesions.

Both have intense languor, often with paralytic numbness; but in Ferrum the emaciation is not so apparent, being marked, if it exist, by general œdema, which is exceedingly rare, if ever present at all, under Acetic acid.

Both classes of patients are *starvation subjects*, but the Acetic acid party starves more rapidly and surely than the Ferrum party.

OZONE AS A REMEDIAL AGENT IN THE TREATMENT OF DISEASE.

BY AUG. KORNDORFER, M.D., PHILADELPHIA.

(Read before the Hahnemann Club.)

THIS agent, so far as relates to the treatment of disease, has until recent date been relegated to the field of the charlatan, and in consequence, a most useful remedy has been neglected by the profession.

I will not occupy your time by dwelling upon its chemical or electrical nature, nor will I tax your patience by detailing the theories pro and con regarding its usefulness in disease; but will confine myself to a few practical remarks which I hope may lead to a more thorough study of Ozone in relation to its therapeutic use.

Under all ordinary conditions in which Ozone is found in the atmosphere, its action upon the animal organism appears to come almost if not entirely within the range of physiological accommodation, little or no perceptible effects being produced.

If used in large quantities it, however, develops serious symptoms even to the prejudice of life; nevertheless Ozone, in common with a few of our most potent remedies, is remarkable for the paucity of symptoms which it seems capable of producing upon the healthy.

One of the first symptoms observed during the inhalation of this agent, is a tingling sensation in the nose, soon extending to the posterior nares and pharynx. The eyes also are similarly affected, accompanied, however, by a sense of burning and dryness.

If the inhalations are continued, this irritation extends to the larynx, trachea and bronchi, inducing cough, which at first is dry, but soon becomes moist and is accompanied by an expectoration of a somewhat viscid mucus.

Such symptoms continue for some hours or even days after removal from an atmosphere overcharged with Ozone.

In some cases, especially those in which Ozone acts curatively, a comfortable sense of drowsy ease, though unaccompanied by actual sleepiness, occurs after a few inspirations of air charged with Ozone.

In a few instances I have observed, immediately following the first few inhalations, an uncomfortable sense of goneness or weakness, which continued for several minutes. Within less than an hour, sometimes within a few minutes, this, was followed by a feeling of increased strength which continued for one or more days.

In an occasional case, it appears to promote the peristaltic action of the bowels, affording a degree of relief in cases suffering from constipation.

These comprise the most important symptoms and changes which I have observed after the use of Ozone by inhalation.

Regarding the change in the physiological status resultant from the use of Ozone, Day says, "If a warm-blooded animal be placed in a glass chamber and be subjected to a stream of ozonized air, the oxygen of that air having been ozonized to the 12th part and the influence of carbonic acid being entirely excluded, special physiological phenomena are quickly displayed. The first sign or symptom is an irritability of the mucous surfaces of the nostrils and of the conjunctivæ; there is often free secretion of saliva and even profuse sweating in those animals that exhibit sweating and there is also thirst and dryness of the tongue and nostrils. These symptoms are succeeded by great rapidity of respiration, and soon by violent action of the heart. When the chest is auscultated in this stage, there is

always dry bronchial breathing, and a whistling sound, as in the first or preliminary stage of acute bronchitis in the human subject.

"The effect of the Ozone being sustained, cough manifests itself, followed by secretion of frothy fluid from the bronchial surface; this is equivalent to the congestive stage of bronchitis. Finally, there is lividity of the skin of the nose, of the nostrils and of the lips, great coldness of the surface, gasping respiration, jactitation and death, the death being often sudden. This may be said to resemble, most perfectly, the exudative stage of bronchitis. This order of symptoms, or phenomena, as they, perhaps, had better be called, has been recognized by all experimentalists; and my own experiments have been attended with corresponding results."

Regarding the morbid appearances presented after death from Ozone in warm-blooded animals, Day says that such "are principally confined to the respiratory passages. If the animal be killed during the *first* stage, the bronchial membrane will be found dry—deeply congested at spots—the lung structure ecchymosed and both sides of the heart full of blood. In the second stage, the whole lung is congested, the bronchial surface being red, the right side of the heart engorged, the left side of the heart empty. In the *third* stage, the lungs are also intensely engorged, the bronchial surface paler and filled with frothy fluid, the right side of the heart full, the left side empty. In cases where animals are removed from the chamber at the beginning of the second stage, and, after some exposure to the air, subsequently die, the morbid anatomy is rather that of pneumonia than bronchitis. In one experiment that I performed the stage of hepatization was so distinctly marked that I could not have recognized it by the lung itself, from hepatization of the lung in the human subject after pneumonia.

"It is, I think, worthy of remark, that very young or very feeble or very old animals suffer much more readily from bronchitis produced by breathing Ozone, and succumb much more easily to its effects than do full-grown, vigorous animals."

Such are some of the symptoms and signs in man and in the lower animals resulting from the inhalation of Ozone. Acting so markedly as a local irritant, when used in large quantities, great caution is needed in studying its effects, and still greater care should be exercised before deducing theories in explanation of its action in disease. Yet, we as homœopaths may promptly and intelligently apply such known facts, rela-

tive to a remedial agent, through the law of cure; again utilizing the facts, developed during such use of a remedy.

Feeling assured, from its action in smaller quantities, that it must prove useful in removing the tendency to frequent and easily excited *congestion* of the mucous surfaces of the respiratory tract, I began its employment several years ago.* The results were sufficiently successful to make me wish for a more convenient form of apparatus than any which I had been able to procure.

About this time, Dr. Shemp, a graduate of the Hahnemann Medical College, called my attention to an apparatus which he had constructed, after the pattern of one described by one of the English investigators. He, however, modified it in so far that he used a mechanical fan-wheel instead of the bellows employed by the original inventor.

Otto Flemming, of Philadelphia, has since made this apparatus in a somewhat modified form from a model furnished by the writer.

During the past two years, I have employed Ozone in the treatment of various forms of disease, and from the results feel warranted in thus calling the attention of the profession to it, as a useful though neglected agent in the treatment of disease.

In anæmic and chlorotic states, Ozone acts markedly. While treating this class of cases I have observed a property exhibited by Ozone, which while not curative in the ordinary sense of the term, yet made possible the accomplishment of a cure where otherwise failure seemed assured: the property referred to is that of positively increasing the duration and intensity of the reactive force of the patient; or in other words increasing the curative effect of the drug. Let me illustrate by *but* a single example, as I have already extended my remarks beyond what I contemplated when I sat down to write.

Miss —, æt. 18 years, tall, slender, intensely pale, chlorotic, had been under medical treatment for about two years—homœopathy and later allopathy had been employed, but without any good results. Found the patient suffering from great weakness, scarcely able to walk a hundred yards. Greatly prostrated by the slightest exertion—loses breath easily. Severe palpitation of heart from even slight exercise. Frequent violent headache, worse after any exertion, especially

* In such cases if used by daily inhalation for but a few minutes, much benefit is often derived, and a power of resistance developed far beyond that which results from the use of drugs alone. This may be owing in part at least to a property of which I shall speak in a moment.

after going up stairs. Pains along the spine, especially aching about the small of the back. Rheumatoid pains in the lower limbs. Desires motion, yet owing to exhaustion dares not indulge the desire. Stooping gait. Appetite poor. Menses much delayed, and, when appearing, scanty, watery, brownish. All her symptoms worse during wet weather and on change from clear to cloudy weather.

Homœopathy having failed to relieve her, she had for about one year been under allopathic treatment—quinine, iron, arsenic, etc., had failed to afford even temporary relief, in fact the patient was steadily growing worse. At this stage I first saw her. On account of the disposition of the patient in combination with the other symptoms, and the fact that she had taken large doses of quinine and iron, I was led to prescribe Pulsat. Slight improvement only followed its use. Rhus symptoms becoming more marked, it was given in various potencies, with but indifferent results. Frequent aggravations of all the symptoms occurred, though short intervals of relief followed each change of potency. Sulphur was now given, but failed to do aught save relieve the headache which occurred on "going up stairs." Carefully reviewing the case, I was fully convinced that Rhus indeed covered all the symptoms better than any other known remedy, though from some unknown cause the system had formerly refused to react favorably to its influence. Rhus tox.⁵⁰ was again prescribed. Guided, however, by other experiences, and especially on account of its property to act upon the red blood-corpuscles, I was led to employ inhalations of Ozone. The result was most satisfactory. Improvement was prompt and continued; the patient recovering without the intervention of other treatment. The experiment of doing without one or the other, Rhus or Ozone, was several times tried, with the result of retarding improvement each time. Ozone was continued about three times weekly for a number of months; inhalations averaged about ten minutes each.

One such case will fully reward an earnest student for many months of study and research.

Another important result which I have frequently observed as following upon the use of Ozone is the re-establishment of regularity of the menses. I have at present several patients, who for years suffered from retarded and scanty menses, in whom, under the action of Ozone, menstruation has become both regular in time and sufficient in quantity.

In lung diseases, though I have seen some favorable results,

they have not been sufficient to warrant, as yet, any special report upon the action of Ozone in either tuberculosis or bronchial catarrh, save in so far as previously remarked that the action of the remedies appears more fixed through the use of this agent; much care, however, must be exercised that the quantity be sufficiently dilute, else irritation instead of relief follows its use.

GLEANINGS FROM HUGHES' PHARMACODYNAMICS.

BY Z. T. MILLER, M.D., PITTSBURGH, PA.

Hydrocyanic Acid.—Epilepsy, particularly recent cases. Drop doses of Scheele's acid has cured traumatic tetanus. The tonic spasms produce difficult respiration, constriction of the throat, feelings of suffocation. "The only post-mortem phenomenon is a universal venous congestion, proving that the circulation has been arrested in the lungs." Whooping-cough; it sometimes exerts magical influence, diminishing the frequency and severity of the paroxysms. Recent uncomplicated asthma characterized by intense spasmodic oppression of the chest. Also cholera, with like oppression. Palpitation with precordial pain and anxiety, diminished pulse, tendency to faint. Angina pectoris. Sinking at the pit of the stomach unconnected with climaxis. The acid affects the whole cranio-spinal axis and associated sympathetic ganglia, setting up that disturbance which induces tonic spasms of the muscles. Compare Aconite and Strychnia, Cicuta v., Ceanothe croc. 3d to 6th^x dilution used.

Muriatic Acid.—Low febrile conditions of the blood, with ulceration of mucous membranes and eczema of neighboring mucous surfaces. In "*nervosa versatilis*" it is said to modify intestinal ulcerations, change the secretions, and remove foul smell; calming and cooling. Slipping down in bed, tendency to involuntary evacuations, utter aversion to food, copious urination with putrescent phenomena. For the symptoms of nose and ears when occurring after scarlet fever. An old lady, 60 years, pulse small, quick, 130; great prostration, hippocratic countenance; great fetor of breath; fauces dark red, approaching violet; spotted with white membranous deposit, speedily relieved by hourly drop doses of Mur. ac. 1st dil. Ulceration of the mouth and throat independent of acute diseases; mercurial sores and aphthæ, with an especial affinity for the tongue. Recurring ulcers on the tongue. Itching papules or vesicles may indicate the acid. "There seems no necessity

for raising Mur. acid above the 3d attenuation." (I relieved very speedily a very aggravated case of bloodless, purple, extremely painful hæmorrhoids in a case suffering with gastric ulcer; the pain ceased very quickly, but the "knobs" remained strangulated until the patient died. 12th dil.—*Z. T. M.*)

Nitric Acid.—Ten minims of acid to 60 minims of water make our first dilution; *subsequent attenuations must, of course, be aqueous.* Causes salivation, sometimes with the affection of the gums, but always *without* the fetor of Mercury. It affects particularly those parts where mucous and cutaneous surfaces merge into each other; cures ulceration of the buccal cavity and throat, then skips to the rectum and anus, curing prolapsus, fistula, and even fissure; obstinate strumous ophthalmia and superficial ulcers of the conjunctiva and cornea; ophthalmia neonatorum, post-scarlatinal nasal affections, ozaena and laryngeal phthisis, chronic vaginal leucorrhœa in cachectic subjects. Cured a chronic itching of the urethra following gonorrhœa. Particularly adapted to the scrofulous, syphilitic, and mercurial constitution. Preferable to Mercury in soft chancres occurring in scrofulous, weakly subjects, and supplements it in secondary ulceration of mucous membranes; inflamed bubo; vegetations on hard chancres; mucous patches. (Small syphilitic warts and condylomata kept constantly moist with a wash of dilute nitric acid are removed certainly and painlessly, a drachm or two of the dilute acid to the pint of water is sufficient.—*Ringer.*) Nit. acid has cured chronic hepatitis and the "liver cake" of ague. Chronic laryngeal cough without expectoration, with stinging and smarting sensation, as of an ulcer; generally felt on one side. 3d dil. often speedily arrests and cures this cough, also constipation with such a cough.

Oxalic Acid.—Immediately after lying down in bed at night, palpitation of heart for half an hour. Colic about the navel, with difficult emission of flatus; irritation of the genito-urinary tract, with diuresis. Analogues, Arg. n., Ars. 2d and 3d trit., 12th dil.

Phosphoric Acid.—Nervous debility without erethism, when the brain, cord, sight or hearing are thus affected, as from continued grief, over-exertion, sexual excesses, debility after typhus or typhoid fever it deserves the name of tonic. Phosphatic deposits in the urine depending on waste of nervous tissue, or alkalinity of the urine from nervous depression, milky urine, diabetes of nervous origin, albuminuria associated with chorea and following typhoid fever has been

cured by Phos. acid. Simple debility and relaxation, even impotence resulting from excess, frequent emissions and dragging in the testes also cured. In low fevers when the nervous system rather than the blood is affected by the poison, and only in milder cases. Has cured purpura and passive hemorrhage, caries, and rachitis. Phos. acid patient is characterized by tendency to passive flux from skin and mucous surfaces; checks the sweating of phthisis, and diarrhœa of rachitis; cures ague characterized by profuse sweat; falling off of hair after fever. In nervous affections, milky urine, nutritive derangements, fever, passive flux; 3d to 12th. As a sexual tonic, in purpura, the phosphatic diathesis, diabetes, and caries, it does best in doses of several drops of the first decimal dilution.

Sulphuric Acid.—Salivation, aphthæ in the mouth, hic-cough, acidity of the stomach, diarrhœa, eruptions on the body. "No remedy is so successful in relieving distressing itching, tingling, and formication of the skin of lichen, prurigo, chronic urticaria, as Sulph. ac. taken internally." 2d and 3d dec.

Aconite has no influence over fever resulting from morbid poisons. Its use in typhus and typhoid fever is mere waste of time. Does not lower the circulation of variola until the eruption comes out, nor will it often touch the high temperature of pyæmia. It is more useful in measles and scarlet fever, though in the latter only when sthenic and the blood-poisoning slight. Will do nothing to prevent recurrence of paroxysms of hectic or malarial fever, and little for a fever symptomatic of local inflammation. In pneumonia, the pulse defies Aconite, but yields to Bryonia or Phos. There are a few inflammations in which Aconite may alone effect a cure, being a specific irritant to the part affected, viz., rheumatic inflammations, non-rheumatic pleurisy in its plastic form, all kinds of croup, and angina tonsillaris; with these exceptions it may be laid down that when true inflammatory changes in a part have actually begun, Aconite ceases to be curative, and a medicine homœopathic to the local mischief must be selected. The fever of Aconite is the pure inflammatory, the fever in which the fibrin of the blood is in excess, corpuscles unpoisoned, tissues yet intact. Let the morbid impression known as "chill" be made upon the vascular nerves; let the arterioles under this influence first contract to produce the cold stage, and then dilate for the hot stage of simple fever, and Aconite is the never-failing remedy; whether the chill or heat be

present, the medicine is no less indicated. If the fever has not abated in 24 hours, Aconite is useless. When, with thirst, rapid pulse, there are present an anxious impatience, a restlessness not to be quieted, distress and agonized tossing about, symptoms of inflammatory fever *before* it has localized itself, as seen in the primary pyrexia of pneumonia, beginning with well-marked chill, Aconite is indicated. When exudation has set in, the tension of the circulation and nervous system diminishes, and such fever as remains is sympathetic and outside the sphere of Aconite. The condition of the patient in typhoid and other toxæmic pyrexia is one of heaviness and oppression rather than the *anxietas* characteristic of Aconite. Acute otitis 1st^x dil. (Bayes). The Aconite condition is *tension* of the nervous and arterial system, manifested by restless anxiety in the one, chill, heat, and thirst in the other. A large class of acute affections may thus come under its range. In active hemorrhage, especially hæmoptysis, acute congestion of almost any part, recent febrile dropsy, Aconite will commence and often complete a cure. The same is true of acute sthenic erysipelas, puerperal fever, urethral fever after the catheter. "If a child is suffering from watery diarrhoea, crying, complaining much, biting its fists, sleepless, Aconite settles it in a short time" (Guernsey). A collapse that comes on very rapidly with no premonitory illness, and unattended by copious evacuations. Collapse of cholera, drop doses of tincture. Arsenic is generally prescribed, but Aconite is preferable on account of its greater rapidity of action. The power of rectifying the disordered balance of the circulation gives Aconite a place in many morbid conditions not strictly febrile. In apoplexy, puerperal convulsions where there is much arterial excitement, in suppression of menses from a chill or fright, with its accompanying congestive phenomena, there is no more valuable remedy. When the tension is in the nervous system alone, Aconite high is of signal service. Insomnia of aged people, of remittent fever. "It produces all the morbid states manifested in persons whose minds have been excited by fear, joined by indignation; it is the surest means of curing them rapidly" (Hahnemann). Fear of death, when urgently present, is an unerring indication. In the musculo-motor sphere of the nervous system it excites spasms that are nearly always tonic. Trismus is a common symptom in cases of poisoning, constriction of the throat, local cramps and spasms, stiffness and difficulty of moving the limbs, complete opisthotonos, the pseudo-tetanic state was induced as completely as by Strychnia.

It is useful generally in alternation with other more locally acting medicines in the incipency of the neuro-phlogoses we call croup, whooping-cough. In asthmatic paroxysms, laryngismus stridulus when excited by cold dry air. In simple trismus and many other local cramps and spasms from the same cause, cramp or spasm of pectoralis muscle simulating cardiac disease. Six out of seven cases of traumatic tetanus were cured where Aconite in ordinary doses was the main remedy; also tetanus from exposure to wet and cold; the numbness and tingling, rheumatic origin, occasional presence of febrile symptoms, all point to Aconite. It displays an elective affinity for the trigeminal. Pains in the joints, muscles, and fibrous tissues generally of a cutting, tearing, shooting character are very frequent in the provers, as also palpitation of the heart and precordial anxiety. Very painful hyperæmia of the eyes which looks like scleritis. Post-mortem examination reveals decided evidence of pleural and peritoneal inflammation. Lower potencies best for acute rheumatism, and must be continued for some time. Fleming says the average time required is five days; that it protects the patient from cardiac complications; the convalescence is short, and much less stiffness of the joints is left than under the ordinary treatment. In acute local rheumatisms, as in stiff-neck, prosopalgia resulting from a draught of air, in lumbago, rheumatic ophthalmia, and sciatica where the sheath of the nerve is affected. It is useful in all diseases of the heart characterized by increased action, especially where the left side is chiefly involved. Its continued use gives much relief to the distress of hypertrophy. In a case of rare spasm of the heart almost instantaneous relief followed. In palpitation where the heart retains its vigor it is the best soother. In the musculo-motor sphere compare Cicuta and Hydrocyanic acid; in its relation to rheumatism, Bryonia, Colchicum, *Actea* rac., *Spigelia*; in its influence upon the heart, *Cactus*, *Naja*, *Spigelia*.

Actea Racemosa.—Restlessness. Agitation and pain everywhere. Severe headache, with involvement of the eye-balls; mind irritable and distressed; a condition resembling delirium has been produced. Great bodily restlessness bordering upon jactitations, with pains in the spine, the muscles (including heart) and joints. Sharp pleurodynia. It causes no febrile symptoms, and cannot vie with Aconite in rheumatic fever. In acute and local muscular rheumatism, as pleurodynia, lumbago and torticollis, *Actea* is indicated. "Rheumatoid arthri-

tis, especially when of uterine origin, pains worse at night, in wet, windy weather" (Ringer). It relieves these, and accompanying cramps. Gonorrhœal rheumatism. Suffering in the heart and uterus from the influence of rheumatic poison. Non-inflammatory rheumatism of the heart. Symptoms resembling angina pectoris, attacks of pain recurring several times a day (Hale). Chorea of rheumatic origin (Ringer). Abortifacient, ecboic, producing miscarriage without the inflammatory irritation of Sabina. Exciting in labor less unremitting contractions than Secale. It relieves rheumatic dysmenorrhœa and after-pains. Checks tendencies to abortion and facilitates parturition. Rheumatic irritability of the uterus. It cures uterine epilepsy and hysteria; puerperal melancholia, nervousness of pregnancy; the restless, unhappy state of mind so often seen in uterine patients. It dissipates infra-mammary pains in unmarried females, as also mammary pains; relieves the sinking at the stomach, the pain at the vertex and irritability of climaxis better than any other drug. Removes myalgia not traceable to fatigue (Arn.). Cured myalgia of diaphragm of nine years' standing (Madden). Sleeplessness of teething children (Hale). Hypochondriasis of spermatorrhœa (Phillips). Removes spasms of cerebro-spinal meningitis. "Accommodative, retinal, and muscular asthenopia; photophobia from asthenopia; hyperæmia of the conjunctiva, iris, choroid and retina due to prolonged exertion of myopic or hypermetropic eyes" (Angell). Macroton was used. Compare Cauloph., Secale, in uterine relations, Aconite in rheumatism. First decimal to 3d cent.

Æsculus Hippocastanum.—Hæmorrhoids from constipation where there is much pain and little bleeding; also, other rectal troubles where congestion and pain are present (Aloes, Collinsonia). Aching in the lumbo-sacral region, sacro-iliac symphyses, pain not severe, more of a sensation of weakness brought on by exercise, relieved by rest; back gives out while walking, must rest. Dark-red congestion of the fauces, with dryness and soreness coexisting with hæmorrhoids. Bronchial irritation influenced by gouty diathesis or abdominal congestion, with dilatation of and inflammation of hæmorrhoidal veins. All active abdominal and pelvic congestions, especially when characterized by throbbing (Dr. Hart). 2d, 3d and 6th potency.

Æthusa Cynapium.—The nervous symptoms are convulsive, somewhat epileptiform in character. Thumbs bent inward, eyes turned downward; lower jaw tetanically fixed. Headache,

face red, eyes painfully inflamed and cheeks œdematous. Intolerance of milk in children. Great anguish and crying, disposed to jump out of bed or escape from the room. Great anxiety, lineæ nasalis, regurgitation of food an hour after taking; swelling of external glands, with lancinating pains; startings preventing sleep; heat without thirst. Convulsive affections of childhood when gastro-enteric irritation is present. Compare *Cicuta*, *Enanthe crocata*, *Cistus*, *Bovista*, *Clematis*, and *Sulphur*. 6th dilution.

Agaricus Muscarius.—Exerts its chief influence upon the nervous centres. Its intoxication is more vertiginous at the outset and more delirious afterwards than alcohol. Neuralgic pains as though sharp ice touched the part, or cold needles ran through the nerves (red-hot needles, *Ars.*). Feeble pressure applied to a spot, pains a long while after. Tremors and choreiform twitchings. Convulsions of epileptiform type. Pain between the 8th and 9th dorsal vertebræ, heaviness and languor in the lower extremities, and a sensation of coldness in the glutei muscles. Unsteady gait, and formication in the feet. Pain in region of 1st and 2d lumbar vertebræ and sacrum. Paralytic weakness of the sphincter ani, and involuntary dribbling of urine. Lassitude and trembling of lower extremities. Coldness and insensibility of glutei muscles. Continual twitching in small of the back and lower extremities. Sensation as if a current of cold air were passing from the spine over the whole body. Fulness and sensation of weight, with pressure in small of the back. Creaking in the fingers and toes when moving them, with stinging pains in integument. Violent stitch in small of back, with vertigo, nausea and vomiting, the pain extending along the whole spine to the medulla. Vertebral column sensitive in spots. Crawling and pricking sensation in the nervés, feeling of painful tension in the fascia of the thigh, painfulness of the spinal column, drawing and tensive pains in the cord, occasional fugitive pains in the back of the spinal nerves. Mucous membranes coated with yellow mucus; lichenous eruption on skin, with crawling, stinging and burning. Liver enlarged. Pains as of innumerable splinters felt in the muscles, especially the deltoid. Testicles retracted. Sediment of phosphate of magnesia in urine. Has often cured idiopathic chorea when the twitchings cease at night. Ataxic typhus (Roth). Spinal irritation (Clifton). Chilblains (Guernsey). Pains of the upper jaw and teeth; pains as if in the marrow of bones of lower extremities. Confluent eruption of itching papules, size of

millet seed. Lassitude after coition. Allied remedies, Cannabis indica, Hyos., Opium tincture. 3d and 6th dil. The alkaloid, *Muscaria*, slows the heart's action, increases lachrymal, salivary, hepatic and pancreatic secretions, but entirely suppresses the renal. Atropine antidotes.

Agnus Castus.—Depresses the sexual instinct, without previous excitation. Has caused permanent extinction of virility. Has cured simple impotence in males. Promotes menstruation and the secretion of milk (Dioscorides). Occasionally curative of gonorrhœa, gleet, induration of the testes, and leucorrhœa. "Patient thinks there is no use to do anything, as death is sure to come soon" (Guernsey). Baryta c. and mar., Camph., Conium, Nuphar, Phos., Phos. acid are to be compared. 6th dilution used.

Arsenicum Album.—Fever is one of the most constant and characteristic effects of the poison; it is, however, symptomatic of gastro-enteric irritation rather than primary. It is hectic, often having marked evening exacerbations; sometimes with chill and heat, thirst and headache, occurring periodically but with irregular rotation. A few days' use of the 15th attenuation caused insatiable thirst. From the 5th potency, great languor and sleeplessness in addition to the thirst, after the 3d decimal symptoms of the stomach and bowels showed themselves (Grauvogl). Excites that spasm in the bloodvessels and the shock in the nervous system called the febrile rigor— $\frac{1}{6}$ to $\frac{1}{5}$ of a grain to an adult, this rigor becomes very evident (Hahnemann). It affects the vaso-motor nerves as does Aconite, but the subsequent phenomena are different. With Aconite, the febrile reaction is synochal and ends in perspiration; with Arsenic there is either a repetition of the chills at intervals, or a long-lasting fever with typhoid symptoms. It excites a daily recurring, though always weaker paroxysm, even though its use be discontinued (Hahnemann). Protracted arsenical poisoning has been compared to the course of low fever, has even been mistaken for it, while Hausmann shows that the intestinal lesions of typhoid find their analogues in persons who have perished from Arsenic. What Aconite is to simple fever, Arsenic is to its malignant form (Hughes). Whenever typhoid symptoms occur, especially the dry tongue and diarrhœa, often involuntary, whether in continued fever or the exanthemata, as symptomatic of mortification, or blood-poisoning, my advice is to use Arsenic freely and persistently. In irritative fever, hectic of tuberculosis and chronic mischief in the lungs and intestines, febrile marasmus of children from mesenteric disease,

and in phthisis where it diminishes the hectic. Arsenic is first among the remedies for chronic agues (rarely indicated when they are recent) where one stage is absent; heat burning; rapid prostration; torpid weakness; dropsical swellings; cachexia; abuse of Quinine. "It will often cure when other remedies selected with greatest care fail." 15th dilution. Bähr praises the same potency in malarial cachexia, but prefers the first three triturations for recent cases. "Arsenic is more specifically indicated the cleaner the tongue remains, the more rapidly the strength is exhausted by a single paroxysm and the sooner the characteristic sallow pallor makes its appearance." Arsenical poisoning has been mistaken for cholera both ante- and post-mortem, especially where the patient dies in a few hours in collapse without symptoms of gastro-enteric irritation. It produces the primary chill and consecutive fever, the cramps, vomiting and purging with suppression of urine. Drs. Russell and Drysdale give it the chief place when the time for arresting it with Camphor has past. Arsenic specifically affects mucous membranes wherever found, however introduced into the system. The inflammation produced is not muco-purulent (Tart. em.), but the membrane is dry, or exudes a thin ichorous discharge, and the progress is toward ulceration rather than supuration. After this manner, the alimentary canal is affected throughout, but more especially the mouth, throat, stomach, duodenum, and rectum. The inflammation is severe, and causes vomiting, diarrhoea and dysentery; aphthæ in the mouth; ulceration of the stomach and intestines, and even gangrene at the anus. The respiratory tract is less influenced, save the uppermost portion; the whole tract is affected as shown by post-mortem redness, and cough and other symptoms during life. Conjunctivitis and coryza. The genito-urinary mucous membrane is inflamed throughout, even inside the uterus and Fallopian tubes; in the penis, scrotum, and vulva, gangrene not infrequently takes place. Cutaneous diseases with irritation of the alimentary canal (Hunt). Irritative dyspepsia (Thorowgood). Morning vomiting of drunkards, chronic ulcer of the stomach, it allays pain and checks vomiting (Ringer). There are few inflammatory diseases of the alimentary canal in which Arsenic is not of good service, though in some it is eclipsed by other remedies. Thus, in the mouth and throat, Mercury, Nitric and Muriatic acids, Kali chloricum, and Belladonna supersede it on ordinary occasions. But in cancrum oris, severe forms of aphthæ, and generally in malignant inflammations and phagedenic ulcerations (non-syphilitic) of these parts,

Arsenic has no rival. In gastritis acute and chronic, in duodenitis, it is the chief remedy, also dyspepsia resulting therefrom. In ulcers of the stomach and intestines, it yields the palm to Kali bichromicum, and also in the one to Uranium nitrate and the other to Merc. cor., which last is superior in dysentery save where the rectum is much affected and there is great prostration. The purging of Arsenic depends on intestinal inflammation, and it is not homœopathic to functional diarrhœa however severe. But in most cases of chronic diarrhœa where is generally some disorganization, Arsenic is a glorious remedy. Influenza with wheezing, sneezing and copious flux. Great prostration. Simple chronic conjunctivitis and strumous ophthalmia. "Superficial and deep-seated ulceration of the cornea, especially in scrofulous subjects, in catarrhal ophthalmia with thin secretion and irritation of the edges of the lids; and in ulceration of the tarsal edges with thin secretions" (Angell). In bronchitis it is rarely indicated save when the constitutional symptoms call for it, and there is much thin expectoration. Especially in the aged. Arsenic may be curative in noma pudendi, cancer scroti and where soft chancres run into phagedæna and sloughing. $\frac{1}{180}$ th of grain doses cured psoriasis guttata (Hunt). In chronic cases of urticaria, eczema, pemphigus, acne, rupia simplex, lichen, prurigo, pityriasis, psoriasis and lepra, it is used as the leading remedy; when the constitution is coincidentally affected in the Arsenical manner, quite high dilutions may suffice. The inflammation in serous membranes is subacute, with speedy and copious serous effusion; the pleuræ are most frequently affected; then the pericardium; less often the peritoneum and arachnoid. No remedy equals Arsenic when the pleura or pericardium is dropsical. It resembles Apis, and like that remedy is useful in chronic serous dropsies remaining after inflammation. Arsenic has a potent action upon the lungs, heart and kidneys. As regards the lungs, Arsenic first of all congests and inflames them. Autopsies disclose great pulmonary engorgement and even pneumonia. "There is no medicine which manifests so frequently and so closely the symptoms of asthma, and in practice, it proves an admirable remedy" (Russell). "I find it very effective in more purely neurotic forms of the malady, especially weakly persons, attacks recurring periodically" (Hughes). Asthma of emphysema (Ringer). Arsenic causes palpitation and cardiac dyspnœa, with precordial pain and anxiety, often severe, as lesions, endocarditis and hypertrophy. Sometimes fatty granular degeneration. Arsenic abolishes

contractility and inflames the tissue of the heart, causing feebleness and prostration; in practice, the pulse grows stronger under its use, it relieves pain, palpitation and dyspnoea besides influencing the anasarca always imminent in these cases. Angina pectoris with severe precordial pain and anxiety, when neuralgic. But when muscular rather than neurotic, Hydrocyanic acid and Cuprum. The urine is diminished or suppressed, or, if any, is found to contain albumen. This presence of albumen is so constant a phenomenon that it has been assigned as a diagnostic mark between arsenical and antimonial poisoning. It is apparently the large white kidney, the tubal nephritis to which it is a simile. In post-scarlatinal nephritis, it is a favorite remedy. Arsenic is our most potent diuretic. It is suitable in all forms of dropsy, particularly dropsy depending upon heart disease and œdema of the lungs. After giving Arsenic, a copious diuresis will sometimes set in with astonishing rapidity, after which the dropsical swellings speedily disappear. The result is most doubtful, if we have only ascites to contend with, and inasmuch as the medicine shows its good effects in a few days, after a few doses, it is useless to continue it for a longer period (Bähr). He recommends low triturations. Arsenic like Nitrate of silver affects the nervous centres after its irritant influence has been more or less exhausted. Tremors, twitches, sometimes epilepsy, more rarely tetanus. The most frequent effect is paralysis, almost always paraplegic. Sometimes hemiplegia with paralysis of the vocal cords on affected side. Arms are affected nearly as often as the legs. Cramps and contractions in the paralyzed limbs. The most invariable concomitant is neuralgia, which generally coexists with loss of sensibility, but aggravated by cold. Paralysis is most complete in the hands and feet and spreads periphéro-centrad. Great restlessness during the pain. The spinal cord is tender to pressure, and post mortem is found congested in lumbar portion and cauda equina. "In simple uncomplicated chorea, it is by far the best remedy" (Ringer). "In large number of cases, it has never been known to fail" (Begbie). In neuralgia one cannot speak too highly of Ars. The pain is burning and agonizing, accompanied by great restlessness and anguish; it is often intermittent with tendency to periodic return, generally aggravated by cold, at rest, and diminished during exercise. Usually affects the left side, may be caused by malaria, influenza or a symptom of pure debility. Prosopalgia—tic-douloureux—gastralgia, sciatica, epileptiform neuralgia have been permanently cured. In the mental and moral sphere there is

melancholia, restlessness, irritability, anxiety and anguish. It causes ecchymoses, hence purpura; steatosis of various organs, leading to pseudo-plethora, or, in poisoning, to rapid fatty degeneration; its myotic influence, causing constrictions of the colon or other hollow muscles; its power over chronic rheumatic joints; over cancer, whose epithelial form it often cures, and where it always relieves pain, retards advance, and improves the condition of the blood. "Were I reduced to two medicines I should choose Aconite and Arsenic" (Hughes). Most closely allied: Merc. cor., Kali bi., Iodine. Arsenic must be given in varying dilutions to obtain its full efficiency. In cholera, typhoid conditions, cancer, chronic menorrhagia, cutaneous diseases, use the 1st trituration of Arsenious acid. The 3d decimal trituration for chronic diarrhœa and chronic inflammation of those tissues to which Arsenic is irritant. The 6th dil. for influenza, coryza, acute serous effusions. From the 6th upwards have proved most serviceable in neuralgia, chronic intermittents and asthma.

Arnica.—Arnica is to an injury what Aconite is to a chill; it will almost infallibly obviate the ill effects if given before organic mischief has been set up. It removes the consequences of falls, contusions, blows, thrusts, straining, twisting, or tearing the solid parts of our organism, whether they be recent or of long standing, as the chronic muscular stiffness called rheumatism of old laborers, and the cardiac hypertrophy of boating men. The tissues affected are all muscular, and upon this Arnica acts specifically. Myalgia, over-exertion of healthy muscle, or the normal use of weak muscle will bring on these pains, and Arnica will almost infallibly relieve them. Pleurodynia, when from over-exertion. It must be distinguished from the muscular rheumatism, which yields to Bryonia or Actea rac. Pains coming on immediately or during the act of swallowing; patients are lax fibre, have often had myalgia elsewhere. Clergyman's sore throat (v. Grauvogl). Chronic tenesmus of the bladder, produced by long retention. It checks the hæmorrhage of mechanical violence, quiets the nervous startings of a fractured limb, obviates the danger of reaction in concussion of the brain, and sudden apoplectic extravasation. It covers the whole remote effects of an injury. Give it for the effects of remote railroad accidents, and delight both yourself and patient. It may be used externally, to the seat of injury, and will give speedy relief to pain while restoring the bruised part. It causes an eruption, consisting of very fine vesicles on an erythematous base, with much heat

and itching. Prevents and cures boils, also angina from the retrocession of boils. Repeated doses will abort a carbuncle (v. Grauvogl). Has cured amaurosis and paralysis; improvement was generally preceded by peculiar sensations of tingling and electric shocks. Congestive vertigo, and pains down the spine, with headache. "It is invaluable in that condition of idiopathic uræmia where, the first excitement having diminished, the head remains hot, and a tendency to imbecility or paralysis is shown" (Vander Kolk). Hahnemann cured chronic vertigo with it. Arnica causes violent urging to stool, with scanty natural stools, as if the muscular coat was excited. Tormina and tenesmus call for it. It checks suppuration, sense of repletion in the stomach, and feeling of canine hunger, with no appetite for food. Whooping cough, where the children cry as soon as they feel the cough coming on. Compare Rhus, Hyper., Bryon., Actea. In recent affections, Arnica may be given in small doses of the tincture, but for the remote effects of injury, the infinitesimals. (In dyspepsia and diarrhoea, when the gas belched from the stomach tastes like eggs, it has never failed me. 3d dilution used.—Z. T. M.).

Argentum Nitricum.—Its elective affinity is for the mouth, throat, and duodenum. The throat looks dark red, and is dry, as if a splinter were there; tongue sore, and papillæ elevated. Tender and easily bleeding gums. Conjunctivitis most severe in the canthi and carunculæ, chemosis, urethritis, canal swollen, hard, knotty to the touch, right testicle enlarged and hard. Both convulsions and paralysis are present in silver poisoning; they are reflex, excited by the least peripheral irritation, persisting after the abolition of voluntary motion. Asphyxia; headache deep in the substance of the brain; low spirits; vertigo; want of mental power; restless, dreamful sleep; weakness of the spine, with pain at the small of the back; marked debility of the lower extremities, almost approaching paraplegia. Emaciation; long lasting intraorbital neuralgia, with gastric weakness and heartburn. Irritative, flatulent dyspepsia, where the wind comes away easily, rushing upward through the mouth. Dyspepsia, disordering the heart's action. "In affections of the lining membranes of the eyelids, of the lachrymal duct and sac, when there is abundant discharge of pus" (Angell). Tubercular laryngitis, internally and locally by spray. "Epilepsies, originating in the brain, may be promptly and durably cured by a few small doses, while those proceeding from abdominal irritation can only be palliated by even large doses" (Gray). Paraplegia from ex-

haustion; diphtheritic paralysis; dull, chronic headaches of literary and business men; giddiness on the least mental or bodily exertion. "The carbo-nitrogenous constitution in which the oxidation of the blood is obstructed, giving rise to accumulations of carbon and nitrogen in excess" (v. Grauvogl). 3d^x to 3d, or drop doses of the 1st.

Argentum Metallicum.—Chief action is upon the articulations and their component elements,—bones, cartilages, ligaments, etc. (Huber). Produces arthralgia rather than arthritis, and might be serviceable in hysterical joints. Dr. Sharp cured a long-lasting case of coxalgia in a young woman, and another nearly similar affection of the knee. Causes diuresis, and may be used in diabetes insipidus. It cures hoarseness and chronic laryngitis. "In uterine diseases where there are augmented discharges and great irritability" (Pereira). "Afforded much relief in a case of uterine cancer; a cure for a time seemed about to result" (Teste). Aurum, Platina, Selenium are analogous, Zinc less so. Hahnemann recommended the 2d trit.

Apis Mellifica.—Produces an acute œdema, the cellular tissues being more affected than the skin, the part swells rapidly, is hot and red, pain tense, considerable burning, tingling, and itching. When a similar condition occurs idiopathically, whether on cutaneous or mucous surfaces, Apis will be found curative. Acute œdema of the skin is a form of erysipelas, and Apis is the remedy; it stands between Belladonna and Rhus, not controlling intense cutaneous inflammation like the former, or the tendency to form vesicles like the latter. There is a species of sore throat in which Apis is specific to very great redness or pain as with Bell., nor is the parenchyma of the tonsils inflamed as in Baryta carb.; there is general œdema of the submucous cellular tissue covering the tonsils, uvula, soft palate, and even the posterior part of the hard palate. (Edema glottidis, diphtheria, scarlatina of the anginose form where there is more œdema than ulceration, with the skin and kidney symptoms characteristic of this poison. It is especially indicated in the irregular and adynamic forms of the disease, as when the eruption is repelled and does not come out. Alternate dryness and perspiration is characteristic. Inflammatory œdema of the tongue and of the pudenda has been cured by it. Urticaria, lichen and erythema nodosum, skin affections not going on to destruction accompanied by excessive itching, especially of a burning and stinging character. Mucous membranes are inflamed in spots. It inflames the conjunctiva, and

proves curative in catarrhal and serofulous ophthalmia, especially where the cornea is much involved. It causes hoarseness and dry cough, and is frequently useful in subacute and chronic laryngo-tracheal irritation of mild type (comp. *Rumex c.*, *Carbo veg.*). It irritates the stomach and somewhat the bowels, and is one of the best remedies for diarrhœa recurring every morning, motions greenish-yellow, painless (comp. *Rumex*). Decidedly irritant to the kidneys and neck of the bladder (*Canth.*). Few medicines cause so many ovarian symptoms, and it has more than once provoked miscarriage when given to pregnant women. Cures amenorrhœa, dysmenorrhœa and menorrhagia, when from congestion of the ovaries. Stinging pains. For post-scarlatinal dropsy, dropsy of incipient Bright's disease, dropsy of the later months of pregnancy, its curative action being announced by an increase of urine. In ascites and hydrothorax remaining after serous inflammation, as peritonitis and pleurisy, it has cured repeatedly; it has removed the effusion of cerebral meningitis (non-tubercular). Analogues: *Canth.*, *Tereb.*, in urinary sphere; *Sabina* in ovario-uterine system; *Rumex* in diarrhœa and larynx; *Euphras.* on the conjunctiva; *Anacard.*, *Bell.*, *Crotôn*, *Rhus*, and *Urtica*, cutaneous system; *Apoc.*, *Merc. cor.*, and *Bry.* in serous membranes. As a whole, *Apis* resembles *Arsenic* more than any other drug. 3d dec. in acute œdema, 3d downward in dropsy, 3d upward in cutaneous affections, never below the 6th in irritable bladder. The most striking cures have been made in ophthalmia with the higher dilutions.

ON SOME POINTS IN THE TREATMENT OF PNEUMONIA.

BY PROF. H. NOTHNAGEL, VIENNA.

PNEUMONIA is an infectious disease whose cocci we know, being surrounded by an aura, as Friedländer has shown, though it is not yet fully demonstrated that they are specific to the disease. Juergensen was the first to prove clinically that pneumonia is not an inflammatory affection but an infectious disease. We leave the bacillus alone for the present, and lead your attention to the fact, that pneumonia has the same febrile type, as seen in other infectious diseases, but never seen in purely inflammatory processes. We never meet in the temperature of the latter a sharply defined cycle, the fever does not cease after 6, 8 to 14 days, in short after a certain time, with a crisis, but its duration depends on the intensity of the

local process. A second and important point we see in the fact, that frequently in pneumonia, the fever does not stand in any relation to the local affection, that the patient may have a severe chill and a temperature of and above 40° at a time when there is only a slight infiltration, and the temperature does not increase with the infiltration; we see here, just as in *typhus exanthematicus*, a *febris recurrens*, a disproportion between the local disease and the fever. The temperature may become normal or below it, and the local affection remains unchanged. The infiltration may even progress at the time when the fever has entirely ceased. There are cases with so-called retarded *lysis*, where the infiltration remains for several weeks before it disappears, and during all this time the patient is perfectly afebrile. Let me also mention that pneumonia, like many other infectious diseases, shows great oscillations in its frequency, being more frequent at certain seasons—here (Vienna, Austria) during March, April and May, and thus opposes the supposition that pneumonia arises from catching cold. Most cases are not witnessed during the cold season, but during the spring when the temperature is already very moderate. The epidemic appearance at a certain season is also seen in other infectious diseases: influenza, cholera, dysentery, typhus exanthematicus, but we never hear of a pleuritis or peritonitis epidemica. Though cases of pneumonia happen throughout the year, still there is an increase during these months. Off and on we also meet house-epidemics in prisons, barracks, houses, where many persons are simultaneously attacked, hinting decidedly to an infection. It is not a contagion from one person to another, but rather the presence of a micro-organism, invading at the same time a good many people. Knowing all this, it is of the utmost importance to study its prophylaxis, for these cocci are in the air and enter through the respiratory organs. We know that somebody might catch it in a room. We observed that a patient, confined to his room for two months by a fracture, was attacked by pneumonia during the fourth week. On the other side, it is well known that the effect of cold air, especially its inspiration, favors the development of pneumonia, and it must be admitted that it may become a *causa occasionalis*, especially during cold sharp windy weather. Let three persons be exposed, one does not suffer therefrom, the second may have a bronchial catarrh and the third comes down with a pneumonia. Orth of Göttingen, published lately some experiments made on the origin of diseases, especially endocarditis. In endocarditis ulcerosa

mycotica he found, just as others did, certain germs. When he inserted into the circulation the streptococcus, staphylococcus aureus, *i.e.*, that germ which causes the endocarditis mycotica, the results differed. The rabbits escape the endocarditis, but when the carotid is first opened, and the knife inserted so that a lesion of the aortic valves is produced, the endothelium wounded, and then the streptococcus inserted, endocarditis ulcerosa mycotica was sure to follow. A soil must first be created, on which the germs can settle and proliferate; where such a soil is wanting, the germs cannot fasten themselves on the valves. Both conditions must be present: the lesion of the endothelium and the external cause which produces the disease, the introduction of the micro-organisms. A similar process takes place in pneumonia. We may suppose that the action of the cold on the bloodvessels causes first a contraction, and then a dilatation in the pulmonary alveoli, and thus generates a soil for the cocci. Let us further suppose that of these three gentlemen, the first one possesses such a sound pulmonary tissue that it resists noxæ and he escapes unhurt; the second catches a simple bronchitis, and the third breathes, either on the road or somewhat later after entering a room, pneumococci into the surface of his lungs, dilated and injured by the cold air, and they find here a soil on which they may plant themselves. Why his cells perish in this battle for life, we know not, but the pneumonia is there. We cannot prevent a pneumonia, for we do not know where pneumococci are, and we would not send a person who had pneumonia to a place where this disease rages. We know it as an infectious disease, liable to relapses, or rather that any person may have it several times. There are zymotic diseases where a repetition of the disease is exceptional, as measles, scarlatina, small-pox, typhoid, but there are others where we do not find such an immunity, as pneumonia, diphtheritis, malaria, and perhaps also acute articular rheumatism.

As it is impossible to do justice to the *indicatio causalis*, we may ask how do we stand in relation to the *indicatio morbi*? There is so far no specific remedy for it. Some time ago Iodine was considered a specific during the first stage of pneumonia, and then corrosive Mercury was even injected into the lungs, but we do not know the means to destroy the cocci without injuring the constitution. We must rely therefore on the third indication, the *indicatio symptomatica*. It would be labor lost to speak of the bleedings and the antimonial treatment so much in vogue in former times. Traube was said

to have recommended Digitalis, but in his works we find only indications for Digitalis in relation to temperature and pulse, and it only remains for us to study those symptoms which injure the patient, so that we may be able to remove them. Here *the heart* takes the first place. In pneumonia, death may set in through many organs, and suffocation from deficient oxidation destroys many patients, for a large part of the respiratory surface is gone, the alveoli and the bronchioles being plugged by fibrine, and gaseous exchange is thus inhibited. We know well enough that in different pulmonary processes a whole lung may be out of function and still respiration goes on well enough, but we observe this only when the destruction of the lung goes on slowly, or when, in the same proportion as the one lung is gone, and the respiratory surface is diminished, the quantity of circulating blood decreases and less oxygen is therefore needed. Nothing of the kind occurs in pneumonia. The diminution of the respiratory surface takes place suddenly, and inside of forty-eight hours a whole lung may become infiltrated. A diminution in the quantity of blood is not there, as it attacks often people full of vigor. As not sufficient oxygen is inspired, when all the other organs form carbonic acid, we have a deficiency of oxygen and an accumulation of carbon take place, and suffocation ensues. To prevent such a suffocation—supposing that an entire lung is infiltrated—the whole blood-mass must at the same time be pushed through *one* lung, which may happen. After ligating the arteria pulmonalis no change of blood-pressure is noticed in healthy animals, as all the blood is carried through the other pulmonalis according to experiments of Lichtheim; hence the lumina of the bloodvessels in the healthy lung must become dilated. We know that in the lungs, the spleen, and especially in the abdominal bloodvessels an immense dilatation of the bloodvessels is possible. But to push the blood through these dilated bloodvessels, it must circulate with more force and greater rapidity, and this increased rapidity and force must emanate from the heart, and in a healthy person the heart is able to perform this labor, for it possesses a large amount of reserve power. But where the heart is already affected, or when we have to deal with a fatty heart, or with an aged person with arterio-sclerosis, with deficient nutrition of the cardiac muscle or with a myocarditic heart, or with a patient suffering from valvular disease, or with a patient just recovering from a grave disease like typhoid fever, or with a septic *puerpera* where febrile infectious diseases injured the cardiac muscle, or when we have to deal with

persons below *par*, who already have a weak and miserable heart,—then the heart is not able to perform this overwork and life is endangered. Or when complication threatens, or with the pneumonia a pleuritis or bronchitis is added, something must be done. We fully understand why in young and healthy persons the heart is fully able to do its duty of overwork and expectant treatment may suffice, whereas in all other cases stimulation may be necessary. The most important symptom in pneumonia is the pulse in relation to its tension and fulness in order to judge the condition of the heart. There are countries where stimulation as a rule is necessary, but in general strict individualization is more advisable. In weak and aged patients, wine is necessary. I gave lately to a patient inside of twenty-four hours a whole bottle of Bordeaux, one or two litres, beer because he asked for it, and some Champagne. I put wine in the foreground, because it is our chief reliance, you may give alcohol in any form, whiskey, brandy, rum, etc. You may add an infusum valerianæ or camphora cum flor. Benzoi, if you choose. In states of collapse let us rely on strong coffee, injections of camphor, etc. Of far less importance is the treatment of the fever, and we have changed our ideas completely. It is of very little importance whether a person has for a few days temperatures of 38°, 39°, or 40°, as long as his general state remains satisfactory. We may have to act when the temperature rises to 41°, and then we rely on thallin or antipyrin. Quinine would only act in doses of 20 to 40 grs., and this is dangerous in pneumonia. Of far more importance is the cold bath, for it reduces the temperature, stimulates the nervous system, and I have verified its beneficent action. It may even be necessary to repeat it several times a day. Other antipyretica, as salicylate of soda, kali nitr., Veratrine, are obsolete. We might in some cases give Digitalis where there is a high frequency of the pulse, and where everything else failed. Small doses are useless, and we give it in doses of 1.10 *pro die*. The diet is of less importance than in typhoid, for we deal here with an affection of short duration. Milk, beef-tea with a yolk of an egg, etc. Other symptoms, as stitches in the side, expectoration, etc., must be treated *pro re nata*. (*Allg. Med. Centr. Zeitung*, 60–62, 1886.)

Cum hoc signo paupertatis we might dismiss the justly celebrated Vienna clinician, but let us be thankful that he passes by the mere pathological name of the disease, and insists upon individualization and symptomatic indications in the treat-

ment of his pneumonic patients. Let us see whether we can be instructed by the teachings of some other high authorities of the old school. Strümpell, whose work on *Specielle Pathologie und Therapie* passed in a few years through three editions, agrees with Nothnagel that in the prognosis of pneumonia the individual relations of the patient are of the utmost importance. He especially mentions the great danger of any pneumonia in drunkards. How much the nervous system is debilitated by chronic alcoholism we see in the delirium tremens so often observed in such patients, where among other nervous centres the regulators of the heart and of the respiration are injured. There is no medication of any influence on the pneumonic process; still tepid baths, gradually cooled, act beneficially. In most cases, except in potators, we had better abstain from stimulants, though a good nourishing diet can be recommended. Small doses of Morphine ease the cough and aid expectoration. Korányi (Eulenburg's *Encyclopädie*, viii., 394) also asserts there is no drug which has any influence on pneumonia, and as antipyretic he prefers hydrotherapeutics, and limits the use of stimulation to individual particular cases.

Eichhorst (*Handbook of Practical Medicine*, i., 309) finds the prognosis favorable if the patient is young, vigorous, and not addicted to alcohol. It is very serious in children, old people, and drinkers, because the organism is less resistant, and there is danger of insufficiency of the heart's action; but the prognosis depends mainly on the severity of the infection. He also acknowledges that primary pneumonia in vigorous subjects needs no special treatment. The patient should be kept in a quiet, roomy apartment, and this should be ventilated morning, noon and night, through an adjoining room. The temperature is kept uniformly at about 15° R., and the air kept moist by means of a vessel of water, or an inhalation apparatus. The diet should be exclusively fluid (milk, meat soups, eggs, wine), and the thirst may be quenched by the administration of lemonade or acids; in anæmic cases the main indication is to sustain the power of the heart by large doses of alcohol. We refer our readers to the excellent treatise of Prof. Germain Sée on *Diseases of the Lungs*, where the complications are thoroughly handled, and active treatment, when needed, recommended.

After having looked at this picture, let us now look at the other side of the question, and admire the specific treatment of what is called pneumonia with all its complications from a homœopathic standpoint. As a marvel of close study may

be admired the work of my revered friend Dr. J. Kafka, of Prague, who so clearly gives us the indications of Iod., of Phosphorus, of Antimonium tartarisatum in this disease. In his masterly work on *Homœopathische Therapie*, i., 200, he raises his voice against the prevailing *nihilismus*, and insists that homœopathy gives us the means to shorten the course of the disease without waiting for cyclical days and their effects. Experience teaches that every pneumonia has its own simile; thus in simple croupous pneumonia a few doses of Iodum, given at the *very start of localization*, will cut the disease short; and the same may be said of Kali iod. when the pneumonia sets in with severe delirium, or where the inflammatory affection of the apices hints to constitutional mischief. The indications for Phosphorus are at a later stage, when the disease has already lasted for some time; the infiltration is considerable; the patient looks pale, weak, and collapsed. Here *Phosphorus becomes the tonic of the heart*, rousing up the failing *vis vitalis*; here it acts as an *analepticum*, and its beneficial action on the pneumonia is only a secondary one. We may have instead of a crisis only a lysis; the sputa are loose, but the patient has not strength enough to expectorate the masses which clog his tissues; and here *Antimonium tart.* becomes our sheet-anchor to remove cough, dyspnea, and cyanosis, and to prevent the threatening paralysis of the lungs. In psoric individuals Sulphur ought never to be forgotten.

How clearly does Chargé, in his *Traitement hom. des Maladies des Organes de la Respiration*, give us the symptoms and indications of the drugs in pneumonia,—indications not endangered by fashion and caprice, like the poor antipyretics, this year praised only to be thrown among old lumber, but standing forever, being based on the immutable law of similarity. He is right that *Aconite*, at the very moment of the first chill, may ward off the whole attack, and thus jugulate the inflammation before it has time to become seated. The indications of *Bryonia* are too well known. *Phosphor.* is useful when the fever keeps up its intensity. The pain in coughing is eased by pressure, and when the left lung is affected he can only rest on the right side. Typhoid, tuberculous, and hypostatic pneumonia. How often does *Sulphur* eliminate the remnants left after the subsidence of the inflammation, and it is the persistent, dry, short cough, worse at night, and preventing sleep, so that the patient has to have his head elevated, whereas in daytime the tough mucus can hardly be expectorated, which indicates Sulphur or—*Lycopodium*, which in

many a case has prevented the disease passing over into fibrous phthisis. From allopathic sources he proves that the *Tartrate of Antimony* has cured homœopathically many a case where the stomach and intestines were irritable and irritated. That other remedies may come into play we all know, for we cure our patients according to the symptoms they show from day to day, after having paid our compliments to the pathology of the case.

Let those, even of our own school, who doubt the curability of severe pneumonia in persons below par, study faithfully the digest to pneumonia, that our valued friend Raue gives us in the third edition of his *Pathology*, and he will be convinced that there is more in homœopathy than even its closer adherents dream of, but it takes time, much time to find out the symptoms; it takes time to weigh their importance. For we agree with Professor Allen, when he says that the pathological state is often of very little importance in selecting the suitable drug, but it pays in the long run with large interest; the study of the *materia medica* becomes a pleasure instead of a bugbear, and we look forward in earnest trust and hope, that specific medication in its homœopathic sense will be found in every case, and that incurable cases will become rarer and rarer, if aid is offered before the destructive process has done its work. *Nil desperandum*, let that be our watchword, and let Hahnemann's teachings be our guide.

S. LILIENTHAL, M.D.

MENISPERMACEÆ.

BY E. A. FARRINGTON, M.D., PHILADELPHIA.

(From an Extemporaneous Lecture, Phonographically Reported.)

THE *Menispermaceæ* is not a very large order of plants, there being derived from it but one remedy that we shall consider in this course of lectures. That remedy is the *Cocculus indicus*. The name given to the order has been derived from the shape of the seeds.

COCCULUS INDICUS.

Cocculus indicus owes its properties to an active principle called *Picrotoxine*, this term being derived from two words meaning, when combined, "bitter poison." You will notice by the schedule on the board, that I have arranged the symp-

tomatology of the remedy under two heads: first, the nerves, and, secondly, the organs in general.

COCCULUS INDICUS,	{	1. Nerves,	{ Spinal, Brain, Typhoid, Spasms.
		2. Organs,	

Now, whatever individual characteristics you may have for a drug in an individual case, these characteristics should agree with the general effects of the drug, otherwise you are making a partial selection. To illustrate: under *Belladonna*, you know of the symptom, "sleepy, but cannot get to sleep." That is characteristic of the remedy. But we find the same symptom under *Cinchona*, *Ferrum* and *Apis*. How are you to distinguish between them? By taking the general effect of *Belladonna* as a groundwork, into which the particulars must fit.

Now we shall find under *Cocculus* symptoms that are under many other drugs, but in no other drug do they hold the same relation as they do here. What, then, is the general effect of *Cocculus indicus*? This effect is the well-known action of the drug on the cerebro-spinal system, it having very little influence on the nerves and the ganglionic system. How can you find this out? Not very easily, I confess, but yet this has been done by studying the drug as a whole, by endeavoring to discover, by means of physiology, pathology, or any other science that bears on the subject, on what portions of the body it acts, what functions it alters, and what tissues it changes. Then you have a strong basis on which to build your symptomatology.

Cocculus acts on the cerebro-spinal system, producing great debility of these organs. The action of the drug on the brain itself, I will explain to you when I come to speak of the use of the drug in typhoid fever. We will now consider the remedy as it affects the spinal cord. It causes a paralytic weakness of the spine, and especially of its motor nerves. Thus we find it a certain or frequent remedy in paralysis originating in diseases of the spinal cord. Especially is it indicated in the beginning of the trouble, whether it results from functional or from severe organic disease of the cord; whether

the disease be spinal irritation from loss of seminal fluid, softening of the spinal cord, or locomotor ataxy. It is especially indicated in these cases when the lumbar region of the spine is affected. There is weakness in the small of the back, as if paralyzed. The small of the back gives out when walking. There is weakness of the legs; and by legs, I mean the entire lower extremities. The knees give out when walking; the soles of the feet feel as if they were asleep; the thighs ache as if they had been pounded; first one hand, then the other, goes to sleep; sometimes the whole arm feels asleep, and the hand as if swollen. These symptoms lie at the foundation of the symptomatology of the whole drug. They all seem to depend upon spinal weakness. We find these symptoms common enough in women with menstrual difficulties, when the back gives out in the morning, after venereal excesses, and also from loss of sleep.

There is a concomitant symptom which you almost always find associated with those just mentioned, and that is a feeling of hollowness in some one of the cavities of the body, either in the head, chest, or abdomen. It is more than a weakness; it is an absolute feeling as though the parts were hollow. Talking tires these patients very much.

The debility of *Cocculus* is of spinal origin. Especially is it apt to follow loss of sleep. The patient cannot sit up even one or two hours later than usual in the evening without feeling languid and exhausted through the entire day following.

Let me next enumerate the typhoid symptoms of *Cocculus*; under this heading, I shall speak of those of the brain. You would not expect *Cocculus* to be indicated in a case of typhoid fever, when the changes in or ulceration of Peyer's patches were marked, or where there were profuse diarrhœa, pneumonia, and similar complications. But in the nervous type of the fever, when the cerebro-spinal system is bearing the brunt of the disease, *Cocculus* becomes one of the remedies that will help us through the case. The symptoms indicating it are the following: The patient complains of great vertigo, and this made worse when sitting, or when attempting to change from a reclining to a sitting posture. It is often associated with nausea, inclination to vomit, and even fainting. *Bryonia* also has this symptom. So far as the symptom itself is concerned, there is no difference between *Bryonia* and *Cocculus*, yet, if you examine the case thoroughly, you will find that in *Cocculus*, it is weakness of the cerebro-spinal nerves

that gives origin to the symptom. There is great confusion of the mind; a sort of bewildered, heavy state might better explain what I mean. It requires a great effort to speak plainly. In some cases, they cannot find the words they wish, to convey their meaning. Generally, such patients lie quietly wrapped in thought. The eyelids are heavy, as though they could hardly be lifted. Here is a symptom reminding you of *Gelsemium*. If the patient is still conscious enough to describe to you his condition, he will complain of a feeling of tightness of the brain, as though every nerve in the head were being drawn up tightly. At other times, they have this empty, hollow, vacant feeling in the head. Any attempt to move the patient produces faintness, or even fainting away. The tongue is usually coated white or yellow; there is bitter taste in the mouth. The abdomen is greatly distended and tympanitic. This tympanitis under *Cocculus* is not the same as under *Cinchona*, *Carbo veg.*, *Colchicum*, *Sulphur*, or even *Lycopodium*.

There are several origins of tympanitis. It may come from the bloodvessels, from the air swallowed with the food, from changes in the food itself, and also from its retention. The latter condition is the cause of the tympany under *Cocculus indicus*. It is not to be thought of as a remedy when flatus results from decomposition of food. That calls for *Carbo veg.* *Cocculus* has considerable oppression of the lungs, this being of nervous origin. It is usually referred by the patient to the walls of the chest. The patients are sleepless, or at least business thoughts crowd on the mind and keep them in a half-waking state, here again resembling *Bryonia*. These are the symptoms which lead you to *Cocculus indicus* in typhoid states.

The next division for consideration is "spasms." *Cocculus indicus* is useful in spasmodic affections when the patient is greatly debilitated as to the cerebro-spinal nervous system. Irritable weakness is the condition which gives rise to the spasms, for which *Cocculus* is the remedy. It is especially useful when spasmodic symptoms ensue as a result of prolonged loss of sleep. This condition we meet with more frequently in women than we do with men. The former are also more subject to spinal weakness. You may also use *Cocculus* for spasms after suppressed menses. The eyes are usually closed during these convulsions, and there is rapid oscillation of the eyeballs beneath the closed lids. But the woman must be of a weak, nervous temperament, or *Cocculus* is decreasingly indicated.

Under the heading "organs" we still have a word to say about *Cocculus*. First, as to the headache. Some years ago there was an epidemic of spotted fever in this city. During that epidemic many children died, especially in its earlier days. After a while was discovered a symptom characteristic of the epidemic, and that was intense headache in the occipital region, in the lower part of the back of the head, and in the nape of the neck. The intense headache was manifested in various ways. Children in a stupor would manifest it by turning the head back, so as to relieve the tension on the membranes of the brain; others, who were conscious, would put their hands to the back of the head; while still others complained of pain in the back of the head, as if the part were alternately opening and closing. That symptom was under *Cocculus*. There were very few fatal cases after *Cocculus* was used. Occipital headaches are hard to cure. *Cocculus* is a good remedy. *Gelsemium* is another. In the latter, there is passive arterial congestion, by which I mean that the arterial blood flows freely to a part, the pulse being full and round, and not hard and tense, as under *Belladonna* or *Aconite*. There is often thick speech, too, with *Gelsemium*.

Still another remedy for occipital headache is the *Juglans cathartica*, sometimes called *Juglans cinerea*, or the butternut. This I consider to be the best remedy for sharp pains in the occipital region.

We have already anticipated some of the symptoms of *Cocculus* pertaining to the female genital organs. Still there are others. The menses are either profuse, and coming too often and with a gush, and very debilitating, or they are tardy in their appearance, and the patient suffers each month from what has been termed menstrual colic. We have a little group of remedies, of which *Cocculus* is one, for this condition. The others are *Pulsatilla* and *Chamomilla*. First let me describe the symptoms of *Cocculus*. This remedy is indicated by a colic, in which the pain is as if there were sharp stones rubbing against each other in the abdomen. There is very often with this colic excessive distension of the abdomen from accumulation of flatus. The colic is especially liable to come on at night and awaken the patient. It is relieved by belching, but returns again from the re-accumulation of flatus. The patient is, of course, irritable.

Under *Chamomilla* the menstrual flow is very dark. The mental symptoms described to you in my lecture on that drug are necessarily present.

Pulsatilla has scanty menstrual flow, coming by fits and starts, griping pains doubling the patient up; but the disposition is mild and tearful.

Cyclamen is similar to *Pulsatilla*. It has chilliness with the pains; crying, tearful mood; dyspepsia made worse by eating fat food and pastry; scanty menses; menstrual colic. But we make the distinction here; *Cyclamen* does not have relief in the cool air or in a cool room, and in many cases *Cyclamen* has thirst. The resemblance between *Cocculus* and *Cyclamen* is that both remedies suit a depressed condition of the cerebro-spinal nervous system. Those of *Cyclamen* are these: the patient feels dizzy; is weak from any motion; is highly anæmic; and usually worse when sitting up. These symptoms are usually associated with dimness of vision. We also find under *Cyclamen* this flatulent colic, arising of wind in the bowels, coming on at night, and only relieved by getting up and walking about. Compare also, in menstrual colic, *Ignatia* and *Nux vomica*.

AMMONIUM BROMIDIUM.

BY JAMES KITCHEN, M.D., PHILADELPHIA.

I THINK the sweeping assertion of Dr. Eichler goes a little too far when he recommends this salt in all cases of coughs of whatever description. I have been in the habit of giving it for upwards of twenty years in coughs of a decidedly intermittent, spasmodic, or convulsive character with unmistakable benefit, and more especially in whooping-cough. In almost all cases, no matter what may be the character of the disease wherein the bromine salts are indicated, I prefer the Ammonium bromide. My experience has taught me that this salt is more prompt and effectual than the potash or soda salts. I was led first to give it in these cases by my experience of it in many convulsive cases, and more especially so in epilepsy, many cases of which have been much alleviated, and some cured by its constant long-continued use. Raue's *Record of Homœopathic Literature* for 1870 contains an abstract of a paper from the *American Journal of Homœopathic Materia Medica*, vol. 3, page 41, which I inserted in that journal, of a child affected with whooping-cough, as follows: "Female, 18 months old; very nervous temperament, light thin hair, blue eyes, very fine delicate skin, almost anæmic from birth, exceedingly excitable and timid, in fine a very frail specimen of humanity. She could not tolerate Belladonna; it would

excite her so much that she would seem to be on the verge of convulsion or delirium. After watching her some five or six weeks, and seeing little or no change, and not being able to detect any keynote to enable me to unlock the case and let loose the disease, I had recourse to a remedy, which I had for some years past administered in this disease with very satisfactory results, the Bromide of Ammonium, grs. ij in half pint of water, one teaspoonful every two hours to children of a tender age. She had not taken it 24 hours when I was summoned to her, convulsions having supervened. I sat watching her in her mother's arms, when, suddenly, she had a fourth fit, a perfect epileptic one. It greatly interested me from the fact that I had frequently administered this salt with benefit in epileptic cases. I, therefore, at once inferred that the attacks in the child were produced by the Ammonium acting on a very susceptible constitution, and was a very fine illustration of the homœopathic law. I, therefore, suspended the medicine, and gave her Hyoseyamus. She had no more." Does not this case illustrate the action of small doses and the law of similars? The child was a very susceptible one, and easily affected by very attenuated doses of Belladonna and Ammonium, and the provings verified in the case of Belladonna. Of the Ammonium we have no provings as yet, unless this may be called one, although extracted from a diseased subject. I have generally used the pure salt, from grs. ij to 5j in half pint of water, teaspoonful every two hours, according to age and constitution. In severe cases of whooping-cough, a dose after every paroxysm.

FEEDING OF INFANTS.

BY M. S. WILLIAMSON, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THERE is, at the present time, a great tendency towards adopting different preparations of starch in the feeding of infants of all ages. While these may be of use after the child is six months of age, I believe that most children will enjoy better health if given milk until they are one year old. We must remember that the sense of taste is not well developed in the young, and there is not, therefore, a great demand for frequent changes in diet. All authorities agree in the belief that the milk of a healthy mother is usually the best food for her infant. An interesting table prepared by Merie and White-

head shows that of one hundred and fifty children nursed for nine months or over, ninety-four, or sixty-three per cent. were well developed, thirty-five or twenty-three per cent. were in a fair condition, while twenty-one, or fourteen per cent. were badly nourished. Of a large number fed partly by "hand" and partly by the breast, fifty-two per cent. were well, twenty-nine per cent. fairly, and thirty-nine per cent. badly developed. In still another series of cases, those of children injudiciously fed by hand, ten per cent. were well, twenty-six per cent. fairly, and sixty-four per cent. badly nourished. The total number of cases observed by these authorities was 1041.

In cases where the child does not thrive upon the mother's milk, or where there is operating any cause which prevents her from nursing it, we are obliged to seek some other food for the little one. A wet-nurse is usually out of the question, either on account of the expense or impossibility of finding the right kind of one. Cow's milk being easy to procure in a fresh state at a moderate cost, has been most commonly employed. But we find that this does not always agree with infants.

In human milk there are about 12.2 parts of solids to 87.8 parts of water. In the milk of the cow, according to the analyses of thirty-four chemists, 13.4 of solids to 86.6 of water.

	Human.	Cow.
Fat,	4.	3.9
Casein,	3.5	4.2
Milk-sugar,	4.3	4.
Inorganic salts, . . . . .	.3	.7

The component parts are applied to different uses, the fats and milk sugar or hydrocarbons to generating animal heat and formation of fat, the casein to the nourishment of the muscular and other tissues, and the inorganic salts of lime, soda, etc., to the development of bone.

The proportion of water to the milk fed to infants must be varied, not only according to the age of the little patient, but also to meet the wants and powers of digestion of each case. Some of the milk from Alderney cows is so rich that I have found it necessary to use two parts of milk to three of water. It is the casein in the cow's milk that renders it difficult of digestion. Mothers' milk forms flakey curds in the stomach, while that from the cow is of a solid nature.

Lately I have made a series of experiments with milk, diluting it in different proportions of $\frac{2}{3}$, $\frac{1}{2}$, $\frac{1}{3}$, and adding a

fluidrachm of hydrochloric acid to ℥iij of each dilution I found that the consistency of the curd varied with the proportion of water, the most dilute preparation giving the lightest curd. I also compared the action of the acid upon pure milk with that on three ounces of milk to which two drachms of lime-water had been added. I found that the curd was very much broken up in the latter.

Cream is an excellent thing in cases in which the stomach is very irritable, and there is a tendency to acidity. It should be used in the proportion of one part to two or even three parts of water. Sugar of milk is better in many cases for sweetening purposes than cane sugar. Too much care cannot be exercised in the preparation of infants' food. So far as it is possible, it should be the duty of but one person to attend to the preparation of a small child's food. Great devotion to the interests of the little one is necessary, as a little neglect may readily be productive of serious results. Attention must be paid to the quality of the milk as well as to the intervals of feeding, and the proper quantity to be given each time. Bottles should be kept scrupulously clean. If necessary, soda and hot water should be used in washing them. In some cases in which milk disagrees, condensed milk answers a good purpose. It is easier to digest but is not so nutritious as is fresh milk. It is best given well diluted, one part to eight, twelve or even sixteen of water. The fact that it is very sweet is an objection to its use. I have often found good results to follow the use of fresh milk during the day and of condensed milk at night.

Feeding of Sick Children —Not only should weak food be given to the weak, but a sufficient time must be allowed for digestion and rest, and in cases of irritable stomach a period of four to six hours should elapse between feeding. Many of the manufactured foods are useful as a change of diet, but serious objections to most of them are often encountered, some children will not take them or else they get tired of them very soon. The old-fashioned flour ball, made by boiling half a pound of flour tied tightly in a rag for three hours, is a thing I can strongly recommend, for it can frequently be used where it would be impossible for mothers to feed their children on proprietary baby foods. There is a very serious objection to the use of pre-digested food except as a temporary expedient in extreme cases. I believe that these would greatly endanger the secretory function of the glands of the stomach.

CYCLOTOMY FOR GLAUCOMA.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA.

THAT iridectomy will cure many cases of glaucoma, is undoubted. That the removal of a portion of the iris and its effects upon the ciliary body is to produce subsequent atrophy of the ciliary body in a number of cases, seems to have proof also. A better operation for glaucoma and without loss of iris is desirable, and such an operation, with equally good if not better results, I think we have in the operative procedure called cyclotomy.

The operation named hypo-scleral cyclotomy was first devised by Dr. G. E. Walker, of Liverpool, and performed by him for the first time December 4th, 1876, in a case of glaucoma with T+3; the patient being only able to count fingers, the blindness having rapidly increased after the instillation of atropine three or four days before.

He etherized the man—a tradesman, æt. 55—and operated in the sitting position as follows: “The lids being opened by the wire speculum, he pinched up the conjunctiva with toothed forceps, slightly to the inner side of the vertical diameter below, and then thrust perpendicularly through the cornea, well within transparent tissue, a very narrow knife, edge upwards, exactly opposite to the point held by the forceps; then, depressing the handle so as to bring the knife-edge parallel to the curve of the tunics, he thrust it through the iris, and slowly withdrew it, cutting, as he did so, everything up to the sclerotic. He felt a distinct sensation as if cutting a gristly body as he made the return incision. The pupil, up to this time of a medium size, dilated at once towards the wound, and then all around. Some aqueous humor and then a little blood followed the withdrawal of the knife. Some months after, he met the man casually, and found he required, for distant clear vision, about 16+, and for near vision about 6+.” I have modified this operation in my practice by assuming a different position of the knife as it is inserted. The point at which I wish to enter the iris I determine upon, and then penetrate the cornea on a horizontal line with this point of entry through the iris, keeping the instrument in a horizontal position or nearly so during the entire time of operating. When I have passed beneath the ciliary muscle, the handle of the knife is depressed somewhat and an incising withdrawal movement made so as to divide this structure by the sharp edge of the knife being raised in that manner toward the sclerotic. A

very slight sensation of severance is felt as the knife passes through the ciliary muscle or ligament. The sensation is not very marked, but sufficiently so to make itself known to a delicate sense of touch. Having severed this structure, there is no need of passing on up through the sclerotic, but the knife is to be withdrawn quietly and gently. You will then find the pupil dilated strongly in the direction of the wound, causing thus a pear-shaped pupil temporarily: but in a few moments it will become round again, and this results usually by a general dilatation of the other portion of the pupil.

The patient complains usually of a smarting sensation in the eye for a few minutes and this passes away shortly, seldom lasting as long or longer than half an hour.

The advantages of the operation are:

1. That it accomplishes all that iridectomy does in relief of tension and pain and improvement in vision.
2. There is no disfiguration nor loss of iris, making a much neater result.
3. There is less danger of traumatic iritis, as there is here a clean cut, while the pulling or tension of the iris as it is drawn out for section disturbs the ciliary body more injuriously than cutting through the ciliary muscle.
4. There is no danger of prolapse of any portion of the iris into the wound and its subsequent risk of inflammation therefrom.
5. It is more quickly performed.

The only danger of the operation is wounding the lens or its capsule.

The operation, of course, can only be freed from this danger by a steady hand and the use of a proper knife; for in this region important structures are so close relatively, that an excursion of the knife towards the lens might easily cause a traumatism and its subsequent cataract.

The knife should have a very narrow blade and be finely pointed, but with only one cutting edge (the point especially should never be double-edged).

The operation that Hancock suggested for dividing the ciliary body is not such an efficient one; for prolapse of the iris and ciliary body will often result from it, so it as well as sclerotomy has been quite abandoned, as a remedial measure in glaucoma.

Sclerotomy was the first step or cut of the ordinary iridectomy, while Hancock's operation was to "introduce a Beer's cataract knife at the outer and lower margin of the cornea,

where it joins the sclerotica. The point of the knife is pushed backwards and downwards until the fibres of the sclerotica are divided obliquely for rather more than one-eighth of an inch ; by this incision the ciliary muscle is divided, whilst the accumulated fluid flows by the side of the knife."

I have recently operated upon eleven eyes with this modified cyclotomy without an untoward result in a single instance.

The tension has returned to the normal in every eye. The field of vision has increased as the result in nearly all, in fact in all except where deep cupping of the disc had resulted. An increased acuity of vision has been induced in most of the eyes by the operation.

I have used anæsthesia in but one of these cases, and did not wound any of the structures other than those I designed to penetrate and incise. After this operation I have been struck with the comfort of glaucomatous eyes, none of these cases having complained of any pain or distress since recovery from the operation ; while after an iridectomy it rarely occurs that in or about a glaucomatous eye there is not some manifestation of discomfort or pain. I prefer operating on both eyes at the same sitting if there is the slightest increase of tension or the least impairment of the field of vision in the better eye.

I strongly urge a trial of this procedure, instead of iridectomy, in all glaucomatous eyes, and hope to soon find it the adopted method.

Results of Cyclotomy operation in the cases reported four years ago to the Homœopathic Ophthalmological and Otological Society.

CASE I. An old gentleman. Both eyes operated upon V. and T., improved and continued so until death which occurred two years later from neurasthenia. Pain was relieved by the operation and did not return ; tension remained normal and no further limitation of the field occurred.

CASE II. Man æt. 75. Both eyes operated upon with relief of the symptoms. I saw this patient recently and found V. and T. normal, with freedom from pain and no further limitation of field.

CASE III. Woman æt. 65. Both eyes operated upon, which treatment was followed by slight increase in the field of vision and normal tension. These conditions still continued when I saw the patient a year after the operation.

CASE IV. Girl æt. 14. Both eyes operated upon. Before operation field of vision was as follows: right eye, perpen-

dicular measurement $5\frac{1}{2}$ inches, horizontal 6 inches, left eye, perpendicular $14''$, horizontal $13\frac{1}{2}''$.

Two years after the operation, the field had increased to right eye, perpendicular $14''$; horizontal $14''$; left eye, perpendicular $14''$; horizontal $19''$. Eserine³ was the remedy the patient had been upon during this time. A few months later the left eye was fitted with $\frac{10}{12}$ lens with the result of increasing the vision from $\frac{10}{c}$ to $\frac{10}{xx}$. No attempt was made to fit right eye as a very considerable amount of amblyopia was present, and glasses afforded but very little improvement. With the prescription of glasses, the patient was enabled to continue her school studies; and a year later reported the eyes very comfortable and field somewhat improved; no increase of tension since the operation.

CASE V. Man (old). Chronic glaucoma in both eyes—O. D. T. + 2; O. S. T. + 3. Both discs deeply cupped. Operation on left eye first; month later upon right eye. Field of vision increased slightly after operation, but twenty months later the disease recurred O. D. T. + 2; O. S. T. + 3.

Then performed iridectomy upon O. D., and cyclotomy upon O. S. Did not see him for two years, and when he returned at the expiration of that time I found the Tn., but vision very defective, so that the patient required assistance to get about. The O. D. (upon which iridectomy had been performed) was sightless and but little vision remained in O. S. A third cyclotomy was performed upon the left eye, but with no improvement of vision although the T was normal.

CASE VI. Gentleman æt. 70. Acute glaucoma of left eye—cyclotomy was performed and when the patient was last seen two weeks later the symptoms were all relieved. I have not seen the case since; now over four years ago.

CORRESPONDENCE.

THE SECTIONAL WORK OF THE INSTITUTE.

LETTERS FROM DRS. T. M. STRONG AND I. T. TALBOT.

HOMOEOPATHIC HOSPITAL, W. L., NEW YORK, November 13th. 1886.

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY.—I have been very much interested in your editorial on the sectional work of the Institute. The difficulty is self-evident, the way of relief uncertain. It may be fairly questioned, I think, if the Institute, like our States, is not burdened by too much legislation. Every year radical changes are made in the organic law, or resolutions adopted, either to be disregarded or rendered nugatory by the members constantly sustaining motions tending to destroy their efficacy. We

might mention, for examples, subjects of bureaus, membership on two or more bureaus, extension of time to finish reading of papers, etc. Again, we have the reappointment upon bureaus, year after year, of members who never attend and rarely write. Now this is not to reflect on these members, for whom individual circumstances will plead, but it is a grievous fault on the part of the chairmen. Or, on the other hand, we have bureaus made up of ten to twenty members, the latter number composing two bureaus for the coming year. Now, what is the result? Either the failure to report of a large number, thus spoiling the plans of the Chairman, or so many papers that the allotted time is not sufficient to read them, to say nothing of discussing them. Thus time is wasted on book essays, or some one is slighted by apparent, though unintentional, neglect of his paper, carefully prepared, perhaps, and if examined possibly the most valuable of the entire number. Thus year by year, workers are dropping out. It seems to me self-evident that every paper presented should have a hearing, either by full reading or synopsis, and the last is a delusion and a snare. The only exception possibly being scientific work with the microscope, which, made up of technical detail, can be best read at leisure.

Now, the full time allowed by the Executive Committee for Institute work is thirty hours, as at Saratoga. This is, as you know, broken up very much by delays in assembling, business discussions, etc. How to divide this time to the best advantage is the subject before us, and vitally concerns the life of the Institute. We have eighteen bureaus and committees, who report more or less at length, and when we have finished the sessions, we have a mass of reading matter making a book larger than the year's edition of the *HAHNEMANNIAN MONTHLY*. Now would you not throw down your editorial pen in disgust if you thought the subject matter of twelve numbers of the *MONTHLY* could be disposed of in a little over twenty-four hours. Yet that is what members of the Institute travel hundreds of miles to do.

The simile of the editor of the *Gazette* is to the point, and your sectional meetings, general meetings, or meetings for a week will not remedy the matter. It has been said that the work of our meetings given to our special department of medicine, namely, the development of the materia medica and its application to disease on the law similia is almost nil. And is it not so? Professor Lilienthal, at the last session, rightly rebuked the Institute, when, only after several rebuffs, the Bureau of Materia Medica finally obtained a hearing. Take up our reports and see how much homœopathy is contained therein, as compared with the whole matter; and of this latter, how much is original, or due especially to the homœopathic school. I refer now to the work of the membership at large, not to the careful pains-taking, and meed-deserving work of Drs. Smith, Wesselhoeft, Sherman and others.

Your suggestion in regard to the Bureaus of Materia Medica and of Clinical Medicine is sound. These two bureaus should report in general session, and keep on reporting until they were through, if it took two days, and all other bureaus went by default. Then would we be in deed, as well as in name, the American Institute of Homœopathy.

But is there any reason why all the other bureaus should report every year? Certainly not on account of the amount of information imparted. Why not then divide them somewhat as follows:

Materia Medica, Clinical Medicine;	Materia Medica, Clinical Medicine;
Surgery, Obstetrics;	Gynæcology, Ophthalmol, etc.;
Sanitary Science, Anatomy, etc.;	Pædology, Psychology, Pharmacy;
Drug Proving.	

and let each division report alternate years. The programme might be somewhat as follows:

Monday evening. General reports.

Tuesday morning. President's Address, Miscellaneous Drug Proving

Tuesday afternoon, three to six, *Materia Medica*. Tuesday evening, eight to ten, *Anatomy*.

Wednesday, nine to one, *Clinical Medicine*. Three to six, *Surgery*. Eight to ten, *Sanitary Science*.

Thursday, nine to twelve, *Obstetrics*. Thus giving Thursday afternoon and evening free for all for social intercourse, and avoiding the, as a rule, cold, half-hearted meeting of Friday morning, when more than half of those in attendance have left, and those remaining are watching the hour of, or preparing for departure; to say nothing of the results of the dissipation the night before. This would keep up an interest, and as all the members are interested in the entire field of medicine, except the specialists on the eye and ear, each year would give them matter worthy of careful thought.

But there is another question. Two hours of reading and listening to papers does not lead to good or profitable discussion. One paper should be read, and one alone, whether it takes fifteen minutes or an hour. This should be placed in the hands of some of the members of the bureau, whose duty it should be to open the discussion, which they could do intelligently from a previous careful reading of the paper, and should be called upon by the Chairman as now. Following this would come the general discussion as now.

Thus you hold the members together in one general session, and avoid the complaints of this or that bureau, that it has been crowded into a corner, or nobody is interested, every one wants to hear surgery or obstetrics, none care about anatomy or psychology, etc. Sectional meetings in a body like the Institute are only for specialists, and those we have not, in the sense of numbers.

It is my firm belief that no plan can be devised which will enable you to do satisfactory work in fourteen bureaus as now arranged. Again, Saratoga is the only place in which we have met for the past five years, where an additional room could be secured for a sectional meeting. Not at Indianapolis, Deer Park, Niagara Falls or St. Louis, and if not at these places, where would you expect to find it in the annual moves of the Institute?

Sectional meetings will be an entering wedge for the formation of special societies, already threatened, but temporarily checked at the last session, in the general desire not to do anything which might affect the interests of the Institute. A failure in the plan for sectional meetings will be a plea that the Institute does not allow time or opportunity for the discussion of their special subjects. Pardon this rambling letter but the subject is one which concerns us all, and "every little helps."

Very truly,

T. M. STRONG.

BOSTON, November 26th, 1886.

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY: It gave me great pleasure to read your Editorial last month in regard to the "Bureau Work of the Institute." This is a subject on which much depends in the future of this Association, and as you and I are "in the same boat" by being on the Committee to which this whole matter is entrusted, your words touch a sympathetic chord when you say it has been to you "the occasion of much thought and study, and of not a little anxiety and apprehension." Let us look into the history, the object, and the position of the Institute, and see if we can get any light therefrom.

When this Association was first formed in 1844, it comprised some seventy widely scattered physicians, a small part of whom came together in a sort of annual convention, and chose a chairman on the spot to keep them in order while they considered the interests of homeopathy. The real work of the

Institute was done by what was known as the "Central Bureau" which, in 1845, published a small, but valuable volume of provings, known as *Transactions of the American Institute of Homœopathy*, Vol. I. This was their first and last successful effort in this direction. The annual meetings were, however, continued with great benefit, by bringing together the prominent men of our school, who, if they did nothing more, discussed matters pertaining to the growth of the new science, and strengthened each other by friendly relations there established. Two days was ample time to discuss the scanty papers presented, and yet leave opportunity for socialities. During the war, no meetings were held, and the sessions of 1865 at Cincinnati and 1866 at Pittsburgh, were not unlike their predecessors, save that at both, there appeared a determination among the members to broaden the scope of the Institute, and as its members were debarred other medical societies, to make this a national representative of all the departments of medicine in which they were interested. The effort was successful, as the published volumes of the last twenty years will testify. Every year there now comes to the Institute a mass of valuable material which crowds almost to suffocation each moment of the four or five days of sessions. What do we undertake to do? About three hundred physicians assemble, each laden with professional experience and thought. We have 11 bureaus representing as many important departments in medicine. These bureaus include this year 131 members, each one appointed in order that he may present through the Institute something of value to the profession. These matters should thereupon be thoroughly discussed by the members present. Then there are at least a dozen committees to report on important matters which are again to be considered; the President must make his address of an hour or more; the Secretary, Treasurer, and Necrologist have each their little stories; and the Censors must have their half hour or more from time to time. The Institute represents in round numbers 10,000 physicians, 28 State societies, 125 local societies and clubs, 50 hospitals, 40 dispensaries, 14 colleges, and 22 journals. And all these relations bring to this national body matters which cannot be lightly or quickly put aside. There is work enough here presented or suggested to lengthen our session till it should rival that of our national Congress, and each year brings more and more.

Is not this state of affairs disheartening? On the contrary, it is most encouraging. It shows our growth, and vigor, and strength, which only need to be properly directed and used. But how that shall best be done is the question. How can the Institute best manage this mass of work in the most efficient manner without giving undue prominence or unjust neglect to any part of it. As at present arranged, the Institute is held in session some thirty hours in all, i.e., all our addresses, reports, discussions, elections, general and miscellaneous business must be done each year in that time, and the printed report of it makes a volume of seven or eight hundred pages.

In your editorial, you speak justly of the paramount importance to us of the materia medica and general therapeutics, and say "It would be most gratifying and most advantageous if the whole Institute could, at some period of its session, resolve itself into a single 'sectional' (?) meeting for the consideration of these subjects, and give to them an entire session of three hours duration. It seems as if the sessions of this particular bureau ought to be guarded against any rival attraction whatsoever." In a certain sense this is eminently true, and yet would the majority of the members sit quietly for three hours to listen to a report on materia medica even if all rival attractions were sedulously excluded. A very few might, but the rest would prefer to quietly read and study it at home, or at least would tell you so. Moreover, if three or four solid hours were given to this bureau and no interruption allowed, where would we find time for and what would become of the other ten bureaus, in some of which the members express

the greatest interest, to say nothing of time for the numberless committees and business transactions. I cannot but approve the plan proposed in the *Gazette's* editorial, which you so kindly reprinted. It seems to be, in brief, to give an hour or more of the general sessions, morning and evening, to each bureau in which shall be presented to the whole Institute the choicest *moreaux* of the year's work by the bureaus; then the whole afternoon should be left free, so that any bureau desiring it can hold a sectional meeting and read its papers and discuss them fully. These papers and discussions, so far as desirable, should be printed in the *Transactions*. Of course all these bureaus would desire to have their meetings so arranged that the members could attend, as far as possible, all those in which they feel the deepest interest. The principal objection seems to be that some of these sectional meetings would be well attended and others poorly. But there have been several societies established, notably, the O. and O., the Pædological, and the Obstetric, for the avowed reason that the discussions were more satisfactory and valuable when carried on by specialists or experts in their departments, and that they are saved, in a measure, from the absurd speeches and statements of ignoramuses, who, in general sessions, wish to appear wise and knowing on every subject. If such a sectional plan should be adopted, some of these societies have assured the Committee* that their work can be more satisfactorily done within the Institute, and that they should disband. This would seem to be a sufficient answer to the proposition that sectional meetings would result in the formation of sectional societies. Would it not be well for the Committee having this matter in charge to correspond with all the bureaus and committees and ascertain how much time they will require in general, and how much in special sessions, and then allot the whole time in the most equitable and satisfactory manner. Without doubt, unforeseen difficulties will arise, but the members are accustomed to difficulties, and know how to bear them if they cannot be removed. Your remarks seem very timely about limiting the work of a bureau to "a special subject." If the Institute were a little club designed to *investigate* some special subject, this would be very proper, but as a national Institute, which should present the most important progress made in each department, this plan by which such combined effort is confined to a single subject seems narrow and belittling. The best and most progressive ideas and discoveries in each department are what we annually want in the American Institute of Homœopathy.

Very sincerely,

I. T. TALBOT.

THE PATHOLOGICAL HISTOLOGY OF COMPENSATORY HYPERTROPHY OF THE KIDNEYS.—Lorenz has made direct micrometric measurements of the histological elements of the kidneys in seven cases of experimentally induced compensatory renal hypertrophy, with the following results: The hypertrophy consists chiefly in an increase of the cortical substance of the kidney, and, to a much less degree, to that of the parenchyma. The cortical increase is caused in young animals, by both hypertrophy and hyperplasia, while in older subjects the increase in size is due to simple hypertrophy of the elements. The convoluted tubules were always enlarged, and the epithelium is thicker and wider than in normal subjects. The relatively slight increase of the parenchyma is conditioned by enlargement of the lumina of the straight tubules without increase in the size of the lining epithelium. No hypertrophy of the connective tissue or capillaries was found.—*Medical News*, September 4th, 1886.


[December,

THE
HAHNEMANNIAN
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editor, *Business Manager,*
PEMBERTON DUDLEY, M.D. BUSHROD W. JAMES, M.D.

Vol. VIII. Philadelphia, Pa., December, 1886. No. 12.

 The Editor is responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by contributors.

Editorial.

PUBLISHER'S ANNOUNCEMENT.—With this number, the HAHNEMANNIAN MONTHLY completes the twenty-first year of its existence. Of the difficulties it had to encounter before it reached its majority, it is not our purpose to speak, except to allude to the fact, that about seven years ago it seemed in danger of being discontinued entirely.

At the suggestion of the late Dr. R. J. McClatchey, a former editor of the *Journal*, who was at that time President of the Hahnemann Club, of Philadelphia, it was decided that the Club should accept the responsibility of its future publication, and Drs. E. A. Farrington and Pemberton Dudley were chosen to act as Editors, and Dr. B. W. James as Business Manager.

Dr. Farrington has been removed by death, and the present Editor and Business Manager have continued in the good work they began seven years ago. To these three men should be accorded all the credit of bringing this journal to its present prosperous condition. Whilst the Club has been ready to lend financial support to the enterprise, should it be found necessary, they, by their self-sacrificing efforts have made it self-supporting.

Appreciating this service and feeling that the future success

of the journal is assured, without any financial or other support from the Club, it was decided by vote, at a meeting held November 16th, 1886, to accept the proposition offered by Dr. Pemberton Dudley and Dr. Bushrod W. James, the present Editor and Business Manager, and to transfer to them all right and title accruing through the ownership of the *HAHNEMANNIAN MONTHLY*, the said transfer to be consummated upon the issue of the December number of the current volume.

The earnestness and zeal with which the policy of the journal has been directed by its present managers, affords us the best practical guaranty of its future course and of its devotion to the best interests of the profession. And with this assurance, we would ask of all our subscribers and contributors, a continuance of the generous support and assistance they have bestowed during the past seven years.

THE HAHNEMANN CLUB.

TWENTY-ONE.—This number completes the twenty-first Annual Volume of the *HAHNEMANNIAN MONTHLY*, and the journal steps over the line into its majority, and naturally into a wider responsibility. Vigorous and healthful, under the support and encouragement of nearly all the best homœopathic writers of our country, and of some of the most distinguished physicians of Europe, there seems reason for the hope that there are young physicians among us who will live to see it attain to its three score and ten.

It would be interesting to compare the condition of medical science, and especially of homœopathy, as it existed twenty-one years ago, with its condition and prospects to-day. The almost marvellous growth of the influence of Homœopathy, notwithstanding the tremendous odds it has been compelled to encounter, and the acknowledgments it has literally wrung from its reluctant foes, constitutes a theme worthy of the consideration of the philosopher and the historian.

Of the distinguished men who contributed largely to the earlier volumes, many have gone from among us—Hering, Jeanes, Williamson, Gray, Douglas, McManus, Guernsey, Brooks, Moore, Leech, Marsden, Gregg, and others, whose lives and labors have left their permanent impress upon homœopathic history and literature. Three of its editors also—Frost, McClatchey, and Farrington—have gone to their reward, and the pages of this, and indeed of other journals, testify to their fidelity and zeal in the cause of Homœopathy, and

their intellectual fitness to advocate and defend its interests. But for the worth and the work of those three men, the history of the HAHNEMANNIAN would be a less proud record than it is. Of the remaining editors, Drs. Lippe and Winslow, it may be also said that both have done (and one of them, Dr. Winslow, is still doing) much to enhance the value and interest of the journal, and the present editor is proud to be able to count them among its staunchest friends.

Since the HAHNEMANNIAN began publication, twenty-one years ago, the cause of Homœopathy has made some astonishing advances. Then we had ten State societies; now, we have about thirty. Then we had about thirty local societies; now, there are about one hundred and fifteen (including local clubs). Then, of our general and special hospitals there were ten; now, there are fifty-four. Then there were nine homœopathic dispensaries; now, there are forty-eight. Of our present colleges, there were then six; now, there are fourteen. Then there were half a dozen journals; now, there are more than four times as many. More significant than all this, however, has been the doubling of our numerical strength; the rapid augmentation of homœopathic influence upon public sentiment; the elevation of our educational standards; the vast increase in our more permanent literature, and, neither last nor least, the involuntary presence of our system and profession, during these later years, as a disturbing factor in the counsels of its once contemptuous but now respectful opponents.

In looking over its twenty-one volumes, we find that the HAHNEMANNIAN MONTHLY has been an interested and intelligent observer of all these changes, and has devoted its best energies to promote them. It has been the mouthpiece of the profession in the announcement of every forward movement, and has accounted it the highest honor to march in the front rank in every encounter with ignorance or with prejudice. It has thus been identified with the profession in its every struggle and every triumph these twenty-one years.

To-morrow the journal will equip itself for a new career, and for broader—but not higher—responsibility. And this it will do, not from any vain confidence in its own powers, but from a full assurance of an increased professional support, and, more than all, from the expectation of the continued assistance and endorsement of the leading thinkers and workers of the homœopathic profession in America and Europe. To-morrow, those who have heretofore been its managers will be-

come also its owners. Its policy will not be changed, but its capacity for usefulness will be materially increased, and its Editor and Director will have a new incentive to renewed effort. Its increased value to the profession will be accounted as constituting an increased success.

A QUESTION OF MEDICAL ETHICS.—We have been favored with a copy of the "Address" delivered by Dr. Henry C. Houghton, of New York City, as president of the New York State Society, at its meeting held last September, at Niagara Falls. The address is upon the subject of the "Medical Ethics of the Use and Abuse of Alcohol." In it there is presented a brief resumé of the enormous consumption of alcoholic liquors, the enormous power which they wield in our country, and the amazing misapprehension that exists in regard to the properties of this all too-familiar agent. But the address is especially to be commended because of the fearlessness and fidelity with which it discloses the foulness of this blot upon our social life, and the danger to which it exposes our health, our wealth, and our political existence, and fixes much of the responsibility for the evil upon the shoulders of the medical profession.

President Houghton especially discusses the lack of discrimination with which so many physicians recommend the employment of this perilous drug, and the multitude of instances in which intemperate habits have thus been established. Comparing this questionable practice with the high moral principles inculcated by the Code of Ethics, he shows that it falls far below that standard.

It is probable that every succeeding year witnesses less and less of the pernicious habit of prescribing alcoholic liquors inconsiderately, but it is undeniable that many of us who ought to know better, do persist in it even in the face of those well-known facts that so manifestly interdict it. It is in the highest degree unbecoming to the character of the scientific prescriber to recommend *any* powerful drug, and especially one so far-reaching and lasting in its effects as alcohol, except on undoubted indications. Even in the presence of such indications it should be prescribed in carefully measured quantities, and never continued an hour longer than may be absolutely necessary to the safety of the patient. In young persons any condition which can justify the continuous use of alcohol for more than a few hours or days, must be of the gravest possible nature. In the estimation of many successful phys-

icians, no such cases are ever to be met with. It is to be hoped that Dr. Houghton's Address will have a wide circulation.

Notes and Comments.

SHOULD VACCINATION BE COMPULSORY?—"Such a question,"—in view of the present facilities for procuring pure virus from the cow,—“should be unhesitatingly answered in the affirmative.” So, at least, thinks the *Medical and Surgical Reporter*.

MASSAGE VERSUS MORALS.—Some of the journals are preferring the charge that massage, in the hands of certain professionals of low character, is being used to undermine the morals of patients. Without asserting that the charge is true, it ought to suggest the utmost care in the selection of the *masseur*. The safest plan is to insist that patient and professional shall in no case be of opposite sex.

THE CHIRONIAN, published by the students of the New York Homœopathic College, and the *Medical Institute*, published by those of the Philadelphia College, have made their annual reappearance, looking brighter and fresher than ever. There is most enjoyable reading to be had between their covers, and the alumni who do not subscribe for them are missing more than they probably think.

THE CLINICAL TRIAL.—“Short-sighted and slow as the empirical method, the clinical trial seems to be, it has been the merciless critic and destroyer of false theories from the beginning of the healing art until now.”—Dake's *Therapeutic Methods*, p. 60.

“CLINICAL EXPERIENCE of that careful kind which looks in all directions for vitiating circumstances, and the operation of other agencies besides the one on trial, does not mislead.”—Dake's *Therapeutic Methods*, p. 63.

New Publications.

THE PHYSICIAN'S VISITING LIST FOR 1887. Thirty-sixth year of Publication. Philadelphia. P. Blakiston, Son & Co., 1012 Walnut Street.

This popular Visiting List is so well known as to need only a mere mention, as a reminder of the approach of the new year. Besides its usual blank leaves and the usual tables, calendars, etc., it contains the latest information respecting disinfectants and their uses, a chapter on the examination of urine, and other useful matters. Price, \$1.00 to \$3.00 according to size, style, etc.

A MANUAL OF DIETETICS. By J. Milner Fothergill, M.D., Edinburgh. Physician to the City of London Hospital for Diseases of the Chest, etc., etc. New York, 1886. Wm. Wood & Co.

All appreciative physicians, who may have read any of Dr. Fothergill's works, are eager for more of them. The one above mentioned keeps up the

author's reputation as a clear, logical, incisive, and practical writer. The work is essentially a treatise based on Hood's Physiology, with special reference to the prevention and treatment of disease. But it also gives explicit information concerning the numerous modes of preparing and preserving foods, and the artificial digestion of aliments for invalids. The work is of great value to the physician, the nurse and the housekeeper.

A TREATISE ON THE PRACTICE OF MEDICINE; for the use of Students and Practitioners of Medicine. By Roberts Bartholow, M.D., LL.D., Professor of Materia Medica, General Therapeutics and Hygiene, in the Jefferson Medical College of Philadelphia, etc., etc. Sixth Edition, Revised and Enlarged. New York. D. Appleton & Co., 1886. Octavo, pp. 1016.

This work has been before the profession for the last half-dozen years and, during that period, has run through five editions and as many revisions. The present edition keeps the reader well up to the latest attainments in pathology and diagnostics, as well as in allopathic therapeutics. Dr. Bartholow is certainly to be named among the most pleasant and enjoyable of our American medical writers, and his books always command wide professional attention. As we read over the treatment laid down for the various diseases, we are led to wonder how long such methods and their results would be likely to satisfy a physician skilled and experienced in the *modern* method of prescribing!

ANALYSIS OF THE URINE, with Special Reference to the Diseases of the Genito-Urinary Organs. By K. B. Hofmann, Professor in the University of Gratz, and R. Ultzmann, Docent in the University of Vienna. Translated by T. Barton Breene, M.D., and H. Holbrook Curtis, M.D. Second edition, Revised and Enlarged. New York: D. Appleton & Co., 1886. Octavo, pp. 310.

Hofmann and Ultzmann's popular work on the Urine needs neither criticism nor recommendation. Its claims have been substantiated in the offices of thousands of physicians both in Europe and America. It covers the entire field of chemical and microscopical examination of urine so far as diagnosis is concerned, giving explicit directions as to details of manipulation. The book includes sixteen plates, representing the microscopic appearances of the genito-urinary epithelia, abnormal crystalline products, cylinder-casts, cancer cells, etc.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. Witthaus, M.D., Professor of Chemistry and Physics in the Medical Department of New York University, etc, etc. New York: Wm. Wood & Co., 1886.

This is a little interleaved companion for the medical student in his college-laboratory course, and seems to fulfil all the requirements of such a work, including representations of apparatus and methods, microscopic appearances of urinary sediments, crystals, etc.

Cleanings.

MYRICA IN JAUNDICE.—Dr. Thomas Simpson, of Glasgow, reports a case of jaundice in a stout person aged 50; sallow complexion; tongue thickly coated; breath offensive; no appetite; stools pale; urine dark; lassitude extreme, and great sleepiness during the day; abdominal pain and tenderness which were greatest in the hepatic region. *Nux vomica*⁵ was prescribed with unsuccessful result. *Myricin*¹ was then selected from a characteristic symptom: Tenacious, thick, nauseous secretion in the mouth; speedy and steady improvement followed in a few hours.—*Monthly Homœopathic Review*, October, 1886.

PREVENTION OF MYOPIA.—Priestley Smith formulates the following as the essential precautions for the prevention of myopia. 1. The seat must be of such height as will allow the scholars' feet to rest flat on the floor or foot board, and broad enough to support the greater part of the thigh. 2. The seat must have a back placed at such height as to fit the hollow of the back below the shoulder blades, and support the body in a vertical position. 3. The near edge of the desk must be just so high above the seat that when the scholar sits square and upright with elbows to the sides, the hand and forearm may rest upon the desk without pushing up the shoulder. 4. As used in writing the desk must have a slope of 10° to 15°; as used in reading, it must support the book at an angle of about 45°, and at a distance of at least twelve inches from the eyes. 5. As used in writing, the edge of the desk must overhang the edge of the seat by an inch or two, in order that the scholar shall not need to stoop forward, and that the support to the back may be maintained. 6. Either the desk or the seat or some part thereof, must be movable at pleasure, so that, although the desk usually overhangs the seat, the scholar may be able at any time to stand upright in his place. 7. The desks and seats must be of various sizes, in order that the foregoing conditions may hold good for scholars of various ages.—*Ophthalmic Review*.

INDUCTION OF PREMATURE LABOR BY ELECTRICITY.—Dr. J. Syromatitkov, writing in the *Vratch*, on the induction of premature labor by means of electricity, mentions three methods: The external, when one electrode is placed on the sacral region, and the other over the uterus; the internal, in which both electrodes are introduced *per vaginam*; and the combined, where both the former methods are made use of. In principle the author prefers the internal method, but in the case which he gives, he made use of both internal and external methods. The patient was twenty-six years of age, and had so contracted a pelvis that perforation had to be resorted to in her first labor; so the author, thinking it unsafe to allow her next pregnancy to run its natural course, proceeded in the thirty-seventh week to bring on labor by the use of a primary coil of an induction apparatus. This produced pains in one hour's time, during the next few days the electricity was employed for ten minutes at a time, twice daily, within a week, the os uteri was sufficiently dilated to permit of the introduction of the No. 1 size of Barnes's bags. Podalic version was performed and a living child extracted. The patient recovered satisfactorily. The author thinks faradization is seldom used for the induction of labor, but he mentions three cases previous to his own, two by Gruenewaldt, and one by Tipyakoff.—*Archives of Gynecology*, August, 1886.

SCARLATINA AND SCARLATINIFORM ERUPTIONS FOLLOWING INJURIES AND OPERATIONS.—Dr. I. E. Atkinson, from his consideration of this subject, comes to the following conclusions:

1. Unprotected persons who have suffered injury, or who have undergone surgical operations, are rather more liable to scarlatina than the un-

protected healthy. This increased liability is probably due to diminished power of resistance from disease, and will probably hold with regard to other specific fevers. Scarlet fever is more apt than the other exanthemata to attack such persons, because its influence is usually more widespread, and because it varies within such wide limits, that it often escapes the attention of those who readily detect other infectious disorders and provide against them.

2. When an epidemic tendency of the symptoms we have been considering to prevail after operations and injuries is shown, it may be concluded with confidence that true scarlatina is present.

3. Septicæmia is occasionally accompanied by a scarlatiniform rash, which does not depend upon the scarlatinal poison.

4. Medicinal eruptions, especially those from Cinchona and its preparations, not infrequently follow injuries and operations. These rashes are, probably, for the most part, attributed to true scarlatina or septicæmia. In obstetrical practice, scarlatina is capable of exerting a most noxious influence, but as the distinctly scarlatinal symptoms are here decidedly less important than the obscure and dangerous systemic symptoms that the virus seems to induce, the writer does not enter upon the discussion of this branch of the subject.—*Journ. of Cutan. and Vener. Dis.*, October, 1886.

NÆVUS CURED BY ELECTROLYSIS.—Dr. A. Mayor, of Geneva, publishes an interesting case of an erectile tumor (a nævus of the cutaneo-subcutaneous variety) on the back, in a girl aged ten months, where he successfully tried electrolysis. The number of sittings was two, and the duration of each about two minutes. The dose of the current was only two milliampères. On examination of the patient, nearly four years later, not a trace of the nævus was detected.—*British Medical Journal*, September 25th, 1886.

TOXIC NEPHRITIS.—According to Dr. Muerset, of Twann, Aolain, Oxalic acid, and Chromium, on being injected (in a few large, or in frequent small doses) under the skin in rabbits, produce nephritis, with the principal lesions in the convoluted urinary tubes; while Cantharidin and Bismuth cause nephritis with the principal changes in the glomeruli.—*British Medical Journal*, September 25th, 1866.

THE ALTERNATIVES TO CRANIOTOMY.—Dr. Robert Barnes submits the following summary of his argument in his address before the British Medical Association on this subject: 1. The legitimate aspiration and tendency of science is to eliminate craniotomy on the living and viable child from obstetric practice. 2. The advance of hygienic rules, the improvements in the forceps, in turning, in the induction of labor, and in obstetrics generally, have materially curtailed the field within which craniotomy can be considered justifiable. 3. In the most extreme degrees of pelvic distortion, where delivery *per vias naturales* can only be effected with doubtful success to the mother, Porro's operation is the legitimate alternative for craniotomy, it being understood that the opportunity of inducing abortion has gone by. 4. In less advanced degrees of pelvic contraction, but still incompatible with the delivery of a living child *per vias naturales*, the opportunity of inducing abortion having gone by, but in which craniotomy would effect delivery, with strong presumption of safety to the mother, the Cæsarean section may be a proper alternative for craniotomy. This is the most debatable point. 5. In the minor degrees of contraction, say from three inches to three and one-half or three and three-quarters inches, the opportunity of inducing labor having gone by, the far greater safety to the mother obtained by craniotomy, and the prospect of living children in future pregnancies by inducing labor, make craniotomy the proper course to adopt. 6. In other emergencies than deformity, as in obstructed labor

from ovarian tumors, the alternative to craniotomy is to remove the tumor. 7. In cases of immovable tumors, the Porro operation is the proper alternative. 8. In rupture of the uterus, the child being delivered or not, Porro's operation is the proper alternative. There the interests of mother and child coincide. 9. In cases of disease, or tumors of the uterus obstructing delivery, Porro's operation is the proper alternative. 10. In atresia of the cervix or vagina, Cæsarean section or craniotomy may be necessary; but incisions and gradual dilatation will more frequently be the proper alternatives. 11. When obstruction is due to hydrocephalus or dropsy in the child, embryotomy or tapping is indicated. When the child is dead embryotomy is indicated, and decollation when the child is impacted, and turning is hazardous. 12. In convulsions and hæmorrhages, the proper alternatives for craniotomy are found in the more scientific methods of conducting labor under these complications. 13. The abolition of craniotomy will be fully realized only when hygiene shall have triumphed over disease and deformity.—*British Medical Journal*, October 2d, 1886.

SYPHILITIC COMA.—In a paper read before the New York Academy of Medicine on "Some Phases of Cerebral Syphilis," Dr. Julius Althaus referred at length to syphilitic coma, a condition which does not find mention in our text-books. Of this trouble, the author had seen eight unmistakable cases, which came on at periods ranging from eight months to seventeen years after the reception of the primary lesion. Most of the patients had previously suffered from other cerebral symptoms. The exciting causes of the attack are overwork, anxiety, trouble, and sexual and alcoholic excesses. Althaus classifies the symptoms of the trouble into, 1st, the premonitory signs; 2d, the symptoms of the initial stage; and 3d, symptoms of the final stage of coma. A. The premonitory symptoms are headache, a feeling of confusion and drowsiness, indistinct utterance, black specks floating before the eyes, with sudden but temporary loss of sight; numbness of the limbs and some loss of muscular power. These symptoms usually appear within a few hours or days of an attack, but they may be absent. B. The initial stage appears to set in during sleep. The patient is found lying on his back quite unconscious. The features are devoid of expression. The complexion is generally pale. Sometimes he can be aroused by shouting to him. He may show some evidence that he understands the questions put to him. On opening the lids, the eyeballs are seen to be deeply retracted into the orbit, one sometimes more so than the other, and they diverge somewhat. The deeper the coma, the greater is the divergence. The pupils are small and insensible to light. The muscles of the limbs and body are perfectly relaxed. There is no difference whatever between the two sides of the body. Sensibility and reflex excitability are greatly diminished or quite gone. There is from the first, or very soon, incontinence of the excretions. The pulse is habitually slow. Respiration is slow and shallow. The temperature is below the average. The pathological condition present, Althaus considers to be a complex one, for while there are symptoms of paralysis, there are also signs of irritation of the nervous centres. Still, he looks upon this contradiction as only apparent. That there is a short stage of cortical irritation is rendered probable by the premonitory symptoms, such as headache, giddiness, and a feeling of confusion. The irritation of the lower centres is shown by the slow pulse, the increase of blood-pressure, and the retarded respiration, the contracted pupil, and the different forms of ocular spasm.

The initial stage of syphilitic coma lasts in general from two to five days, and is followed either by recovery or merges into the final stage, which leads to death. In the former case, the patient begins to show signs of returning consciousness, and in ten days he may be apparently well. In other case

recovery is more slow and imperfect. Speech remains indistinct, and the memory is weak. In case of progress toward a fatal issue, the symptoms become intensified; the face is livid and cyanosed, the conjunctivæ are injected and covered with shreds of mucus, and insensible to touch or irritation. The lower jaw drops, the breath is fetid, and the power of swallowing is lost. The tongue, lips, etc., are covered with sordes. The body is bathed in a clammy sweat. The pulse becomes small, feeble, and very quick. Respiration is now accelerated. It may become stertorous or of the Cheyne-Stokes type, or neurolytic catarrh of the air-passages sets in. Eventually the face assumes the Hippocratic expression, and death ensues. Althaus has not had an opportunity of examining post-mortem a case of this disease, but, reasoning from analogy, he believes the pathological lesion to be an occlusion of the basilar artery by a syphilitic deposit.

Syphilitic coma is to be distinguished from the coma of ingravescent apoplexy in that the latter occurs habitually in men past fifty years of age, while the former occurs in men in the prime of life. The former, moreover, exhibits the well-known symptoms of hemiplegia.

Hæmorrhage into the pons is to be distinguished by the *extreme* contraction of the pupils, which always accompanies it; opium poisoning by the odor of the drug in the breath and retention of urine with full bladder; alcoholic coma by the odor of alcohol in the breath and urine. The temperature is generally lowered in alcoholic coma, but rarely more than one or two degrees, so that a temperature of 95° would speak against it. The pupil is enlarged in alcoholic coma and small in syphilitic; uræmic coma is to be distinguished by the premonitory symptoms, headache, vomiting, and defects of sight and hearing; after this, epileptiform convulsions set in and leave the patient comatose. In uræmia, we have to do with fits and remissions; there is not that dead level of unconsciousness as in syphilitic coma. Diabetic coma is distinguished by the presence of the peculiar form of dyspnœa and of acetone and its allies in the breath and urine.

The prognosis of syphilitic coma is always grave, although it is not by any means as hopeless as that of uræmic or diabetic coma. The treatment recommended is partly symptomatic and partly specific.—*Medical News*, October 16th, 1886.

PERIPHERAL NEURITIS IN LOCOMOTOR ATAXIA.—The history of peripheral neuritis has been enriched in the past few years by numerous works which have had the effect of causing a modification of some of the views formerly held as to the pathology of tabes dorsalis, and as to the pathogeny of certain complications of this affection. MM. A. Pitrés and L. Vaillard have reviewed, in an article in the *Revue de Médecine*, for July, 1886, a number of cases hitherto recorded, and have added a report of five coming under their own observation. From a study of these cases they are led to conclude that: 1. The peripheral nerves in tabes are often the seat of inflammatory changes. 2. Neuritis in this disease does not differ in any of its anatomical characters from other recognized forms of the non-traumatic affection. 3. The topographical distribution of this inflammation is very variable; it may affect the sensory nerves, the mixed nerves, or the visceral nerves. 4. In most cases, though not in all, it begins at the terminal extremities of the affected nerves. 5. The extent and gravity of the neuritis bear no constant relation to the duration or the extent of the medullary lesions. 6. The complication plays no part in the production of the specific symptoms of tabes, such as the lightning pains, ataxia, abolition of the patellar reflex, etc. These symptoms would seem to be due to the sclerosis of the posterior roots and of the posterior columns of the spinal cord. 7. On the other hand, certain irregular symptoms, occurring at times in locomotor ataxia, seem to have a direct causal relation to peripheral neuritis. Such are: *a*, the areas of cutaneous anæsthesia of analgesia; *b*, the trophic cuta-

neous affections, perforating ulcers, various eruptions, falling of the nails, etc.; *c*, certain motor paralyses, with or without muscular atrophy; *d*, arthropathies and spontaneous fractures. 8. The visceral crises occurring in locomotor ataxy are also, perhaps, in certain cases, the consequence of neuritis of the corresponding visceral nerves.—*The Medical Record*, September 25th, 1886.

MORBUS BRIGHTII.—According to Professor Semmola, of Naples, morbus Brightii is a chronic morbid state and is thus characterized: 1. In relation to etiology, that moist cold, acting for a long time, may be considered as the cause of the disease. 2. There is a progressive disease of the perspiratory secretion, caused by progressive ischæmia in connection with atrophy of the sweat glands, progressive atrophy of the rete-malpighii and sclerotic degeneration of the cutis. 3. There is a chemico-molecular alteration of the albuminous parts taken as food, characterized by a pathological increased diffusibility; hence non-assimilation of them, so that they are necessarily cast off by the excretory apparatus, especially by the kidneys. 4. A progressive diminution of the burning-up process of the albuminates, evincing itself by a diminished formation of urea, though no accumulation or retention of urea happens in the blood or in the tissues. The blood of patients who have not yet reached the so-called third stage of morbus Brightii, contains less urea than the normal blood, 9 to 11 per cent., instead of 15 to 16 per cent. 5. A serous infiltration of the subcutaneous tissue, beginning in the face. It shows a somewhat erratic character, increases slowly and has no relation to hydræmia. 6. A characteristic cachexia, caused not so much by the loss of albumen, as by the nearly total loss of assimilation. As peremptory proof, we mention the ill-success following a strongly nourishing nitrogeous food given during the first period of the disease. The increased import of nitrogeous food, instead of being applied by the organism to cover the deficit of albumen produced by the albuminuria, increases only the loss and deteriorates the general state of the patient. We have no reason to consider the kidney as the organ for pathologically increased filtration, and 7. We consider the degenerative processes in the kidneys as of secondary nature. They always attack both kidneys; where we meet a diffuse chronic nephritis under the picture of the large white kidney. Semmola recommends a strict milk diet, with abstinence from all meat, methodical dry massage, Turkish baths, inhalations of oxygen, Natrum chloride and Natrum iodide in increasing doses, according to the state of the disease, Natrium phosphide for the œdema, and considers astringent and cold water treatment injurious.—*Journal de Médecine de Paris*, Sept. 1886.

Dieulafoy (*Le Sémin Méd.*, 24, 86) shows that the morbus Brightii may exist without albuminuria, and still be diagnosed by manifestations which in their totality lead us to it. We observe purring and hissing in the ear; difficulty of hearing; the patient has to get up half a dozen times during the night, though he passes each time only a small quantity; *le doigt mart* is often observed, which is a peculiar sensation of coldness in one or more fingers, accompanied by complete insensibility and discoloration of these parts, which appear bloodless or cyanotic; extreme sensitiveness to cold, especially on the inside of the thighs, knees, calves; painful cramps in extremities, especially at night; headaches, oppressive sensations; hypothermy, disturbances of sight. Jaccoud justly remarks, that the *dépuration urinaire* is wanting or insufficient, and the patient thus poisons himself. Experiments demonstrate that fifty centigrams of urea of a healthy person suffice to kill an animal of one kilo, whereas 200–250 of a person with morbus Brightii are necessary for the same person, and such intravenous injection will clear up any doubtful case.

ON THE TREATMENT OF UMBILICAL HERNIA, BY DR. BOSER, MARBURG.—Fifty years ago Dr. Hahn recommended, in the treatment of infantile umbilical hernia, that the strips of adhesive plaster must be carried from the back forward over the abdomen in such a manner as to compress the skin over the umbilicus in a deep median fold, but it is less known that the same treatment often succeeds also in grown persons. Boser reports, then, many cases where he succeeded after the failure of other bandaging. —*B. K. W.*, 29, 1886.

ON THE TREATMENT OF ISCHIAS BY MASSAGE, BY MAX SCHUELLER, BERLIN.—The Doctor made the experiment on himself successfully, although he also used electricity, hot and Turkish baths, even Carbol. injections, but lately he treated his patients simply by massage. Most of his patients considered a severe cold, a drenching, etc., as the cause of it, only in a few, a trauma could be accused of it, as lifting a heavy weight, or a contusion of the nerve. During the massage the patient lies on his well side, the hip and knee-joint slightly flexed. The different kinds of massage are then applied from *below upwards* for about fifteen minutes. The first trials are often very painful, but with every massage the pains decrease, and gradually cease entirely, the nights are more quiet, and the patient can walk about with more comfort. The treatment usually lasts from two to three weeks. Where the ischias arises from central causes massage may only give palliative results. —*Deut. Med. Wochenschr.*, 24, 1886.

A STATISTIC STUDY IN RELATION TO THE ÆTIOLOGY OF TUBERCULOSIS PULMONUM.—Schnyder, of Luzern, comes to these conclusions: 1. A city population with its manufactories, is more exposed than a farming population. 2. The weaker the constitution of the people, especially of those in their adolescence, the greater the mortality. 3. Females are more liable to take the disease in the country than in cities; but the highest mortality of consumption in women is found in the younger ones; whereas in the country we have it among the older ones. 4. According to trades, we find physicians and nurses, who are daily around consumptives, far less liable than butchers, tavernkeepers, coopers, locksmiths, stonecutters, etc. Persons who yield to the temptations of the cup, die in their best years from phthisis; whereas, when it originated from dust, it becomes fatal in later years. 5. Heredity gives the greatest predisposition, and especially for women, whereas acquired phthisis is more frequently observed in men. 6. Endemic phthisis is not an infectious disease in the usual sense of the word. 7. The doctrine of the bacillus tuberculosis as the chief etiological factor in the genesis of our endemic phthisis is far yet from being generally accepted. 8. Koch's ubiquitous bacillus, as found in common chronic phthisis can only be considered as an accidental factor, but it is probable that after entering the circulation, it may become the carrier of a miliary tuberculous infection. —*Allg. Med. Cent. Zeit.*, 57, 1886.

News, Etc.

PERSONAL.—Dr. H. I. Jessup has located at 1702 Chestnut Street, Philadelphia, and

Dr. E. W. Mercer at 223 S. Seventeenth Street, Philadelphia.

Dr. William Cowley succeeds to the practice of his father, the late Dr. David Cowley, of 6442 Penn Avenue, Pittsburg, Pa.

Dr. Charles B. Gilbert has removed to 1011 H Street, N.W., Washington, D. C.

Dr. Frank Kraft has resigned the editorship of the *St. Louis Periscope*. He is at present at Wyandotte, Kansas.

THE BALTIMORE HOMŒOPATHIC FREE DISPENSARY is doing good work, and its corps of physicians kept busy.

Record of the Past Four Years.

Year.	New Cases.	No. of Prescriptions.	Visits to Homes.
1883, . . .	4556	11,815	891
1884, . . .	5112	13,957	1237
1885, . . .	5725	16,368	1090
Ten months, to October, 31, 1886, }	5856	16,077	1547

Physician-in-Chief: Alfred Wanstall, M.D.

Visiting Physicians: E. S. Conlyn, M.D., H. Chandlee, M.D., T. E. Sears, M.D., O. E. Janney, M.D.

AID FOR THE HAHNEMANN COLLEGE HOSPITAL.—At the close of the Alumni reunion at the Hahnemann College of Philadelphia, on September 23d, about \$2000 were subscribed to the College Building Fund by Alumni present.

THE R. I. HOMŒOPATHIC HOSPITAL.—*A Report to the Board of Trustees.*—In behalf of the General Staff of the Rhode Island Homœopathic Hospital I have the honor to present the following detailed statement of its labors to date. Since the first patient was admitted, March 23d, 1886, the period covered is but a week in excess of seven months. During this time eleven surgical and seven medical cases were confided to its care. Of the former, four remain in the hospital, two of whom are awaiting operative treatment, and seven have been discharged cured. The following operations have been performed: trachelorrhaphy thrice, perineorrhaphy twice, Tait's operation, iridectomy and enucleation of the eye once each. Moreover, surgical interference has been required for the relief of an anal fissure and of rectal ulcers. One case of irritable ulcer has also been treated by the surgical staff.

Of the medical cases two remain in the Hospital and one died. This misfortune was the result of acute miliary tuberculosis and occurred within thirty-six hours of the woman's admission. Owing to an illness of the admitting physician, the required examination was not made, and permission was granted by telephone under the impression the disease was of a very different nature. The grounds of admission of the other patients were twice gastritis and once each malarial fever, "spinal irritation" and eczema universale. Three of the above were dismissed cured and one withdrew much improved at the end of two weeks. She had no funds at her disposal and was unwilling to remain a charity patient.

In addition to the above, two surgical and three medical cases have been treated by homœopaths unconnected with the staff, trachelorrhaphy was performed in one instance. Three boarders have also been taken at different times, invalids who needed a temporary refuge and yet did not require active medication.

The total number, then, that have availed themselves of the benefits of this institution is twenty-six, twenty-four females and two males, one of these being a medical, the other a surgical case. Nearly all were of American birth and American parentage. The present number of inmates is seven.

While no one has been distinctly refused accommodation on account of inability to defray in part his or her expenses, it is certain the number of patients would have been doubled had the treasury been able to sustain the necessary demand.

Respectfully submitted,

GEORGE B. PECK, M.D.,
Admitting Physician.

PROVIDENCE, November 1st, 1886.

HOMEOPATHIC MEDICAL SOCIETY OF NORTHERN NEW YORK.—The thirty-fifth annual meeting of the Medical Society of Northern New York convened at 11 o'clock, October 27th, 1886, at the Homeopathic Hospital, Dr. H. S. Paine, of Albany, presiding.

Dr. Robinson, of Albany, presented and read a description of a case of complicated labor, a large fibroid tumor being the cause of disturbance. The morbid specimen was presented for examination.

Dr. George Allen, of Waterville, contributed a paper describing several cases of mammary tumors, in one of which more than thirty cancerous nodules were removed in the course of fifteen months.

Dr. M. O. Terry, of Utica, an honorary member, contributed a paper on the medical and surgical treatment of tumors and cancer of the breast, in which he advocated, in most cases, the early removal of the diseased gland.

Dr. H. M. Paine presented statements showing that surgeons of large experience have expressed decided doubt regarding the advisability of amputating the breast, on account of the danger of metastasis to other more vital organs. He also described a plan for applying rubber compresses in such a manner as to maintain constant pressure for several months; a process which had been of exceptional service in a few cases. He also presented an extended statement setting forth the increased prevalence and other peculiarities and characteristics of this malignant disease.

Dr. R. B. Sullivan, of Albany, presented a paper on the symptoms, dangers, and treatment of chronic non-suppurating inflammation of the middle ear. This paper is an eminently practical one, and embodied many useful suggestions.

Dr. H. S. Paine, of Albany, read a paper on cystocele, giving the special features of a recent case, and describing the processes of the operation for its radical cure.

He also gave in detail the history of a case of epithelioma, and described the operation for its removal. The morbid specimen was furnished for inspection, and mounted slides were exhibited for microscopic examination, which plainly revealed the true nature of the diseased growth.

A biographical sketch of the late Dr. T. J. Pettit, prepared by Dr. H. M. Paine, was presented, and appropriate resolutions of respect were unanimously adopted.

Dr. Paine also presented a biographical sketch of Dr. G. W. Stratton, the late president of the Society. An appropriate testimonial of respect, in the form of appropriate resolutions, were unanimously adopted.

The honorary members elected were: Dr. George Allen, of Waterville, Oneida County, N. Y., and Dr. Anna C. Howland, of Philadelphia.

The following were elected to active membership: Dr. A. E. Tuck, of Cobleskill; W. H. Barnes, of Chatham; Charles W. Schwartz, L. M. Pratt, and W. W. Seeley, of Albany.

Dr. W. H. Randel, of Albany, was elected president, and Dr. R. B. Sullivan, of Albany, vice-president. Dr. W. F. Robinson, of Albany, was elected to the secretaryship, which he declined to accept, whereupon a motion was adopted constituting the president and vice-president a committee to provide a substitute.

The attendance of members from a distance was, no doubt, prevented by the inclement weather, the secretary having received a number of letters from members, expressing a desire to attend the meeting. The papers were of practical interest, and the discussions spirited and suggestive.

The Society is an informal organization of medical men residing in the counties north of Dutchess and east of Montgomery and Fulton. Its list of members contains the names of upwards of one hundred physicians. The Society is constantly contributing its quota to an increase of medical knowledge, and the promotion of fraternal fellowship on the part of its

membership. The next meeting will be held on the first Wednesday in August, 1887, at Saratoga Springs.

H. M. PAINE,
Secretary *pro tem.*

OBITUARY.

DR. J. P. DAKE, JR.

Dr. Jabez Percy Dake, Jr., died at the residence of his father, November 14th, 1886, a little past 12 o'clock.

For years he had been in poor health and had sought recovery at various health resorts in this country and in Europe. He was educated in the Nashville High School, in the University of Tennessee, and the University of Michigan, having a large store of knowledge, scientific and medical, added to natural talents of a high order.

He had been associated in practice with his father and brothers here, and afterwards with his brother Charles at Hot Springs, Ark., but owing to ill health he was not able to do much medical work.

He was a young man of sterling character and of most genial manners, and in the circle where he moved will be greatly missed; especially to his parents and brothers will the loss be great. The many friends of the family in this community will sympathize deeply with them in their bereavement.

A meeting was held November 15th by the students of the University of Tennessee, and took suitable action in regard to the death of Dr. Dake.

DR. DAVID COWLEY.

Dr. David Cowley, President of the Homœopathic Medical Society of the State of Pennsylvania, died October 30th, 1886. A biographical sketch of the deceased will appear in our next number.

DR. S. T. CHARLTON.

Dr. S. T. Charlton, of Harrisburg, died suddenly, November 9th, 1886.

At a meeting of the homœopathic physicians of Harrisburg, held Nov. 10th, the following resolutions were read and adopted:

Resolved, That the sudden death of Dr. S. T. Charlton, one of the oldest physicians of the medical profession in this city, calls for an expression of regret on our part. Removed almost instantly from a sphere of usefulness which he filled with marked ability and success, being one of the strongest advocates of the homœopathic principle, and compelled finally to surrender to that foe which he had so often met and overcome in behalf of others, the event makes us conscious of the fact that we all must yield ourselves to that ultimate victor of human life.

Resolved, We profoundly sympathize with his bereaved family, his immediate friends and former patrons, to all of whom his death was an unmeasurable loss.

Resolved, That a copy of these resolutions be published in the daily papers and sent to the family.

DR. J. LEFEVER,
President.

DR. J. H. FAGER,
Secretary.

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